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ABSTRACT

This study identified the content and educational methods of family-centered training programs designed to prepare professionals for interprofessional, interagency, and family-professional collaboration. Although the main focus was on training to improve services to families whose children have serious emotional disorders, the programs identified were drawn from the broad arena of training for family-centered practice in the human services. Fifty-one programs were studied, in two major groups: university preservice and professional education programs (n=25), and agency-based inservice and continuing education programs (n=26). An overview is presented of the training programs, including information about the design, planning, implementation, content, administration, and evaluation of training programs. Approximately three-fourths of the training programs surveyed had an interdisciplinary advisory group. This appears to be an important tool in developing and maintaining a collaborative focus. Findings suggest that interprofessional collaboration is seen as a special interest, rather than an essential part of the training for all professionals to provide family-centered services. A brief case study of each training program is included. Appended is a list of names, addresses, and telephone numbers for each program and brief program descriptions. (SW)

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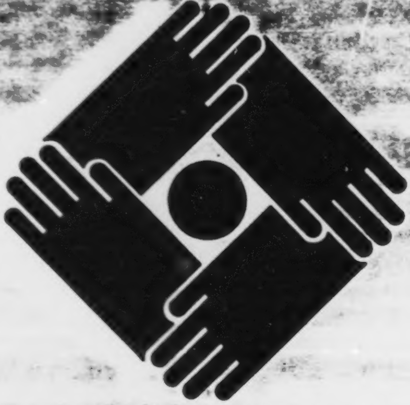
# INTERPROFESSIONAL EDUCATION FOR FAMILY-CENTERED SERVICES:

## A Survey of Interprofessional/Interdisciplinary Training Programs



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# INTERPROFESSIONAL EDUCATION FOR FAMILY-CENTERED SERVICES:

## A Survey of Interprofessional/Interdisciplinary Training Programs

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# I. INTRODUCTION

Major changes in children's mental health policy and practice in the last decade are associated with a push toward systems of care which are family-centered, rather than "service-centered" (Friesen & Koroloff, 1990). Family-centered services are those which are coordinated and integrated and which incorporate family participation in all aspects of the planning and delivery of services (Friesen, Griesbach, Jacobs, Katz-Leavy & Olson, 1988; Stroul & Friedman, 1986). Family-centered practice in integrated systems of care requires that professionals have skills in family-professional, interprofessional, and interagency collaboration. Training programs are only beginning to use the knowledge that is available to prepare professionals for collaborative practice.

There is, however, growing recognition of the need to train all professionals who work with children with emotional disorders and their families to work collaboratively. This means having positive attitudes toward the notion of collaboration, knowledge of other professionals' roles, jargon, goals and methods, and skills in communication and collaboration. Awareness is also growing that professional training should provide opportunities for participants to increase their understanding of family perspectives, their appreciation of family strengths and coping capacities, and their skills in promoting family participation and culturally competent practice.

This monograph presents findings from a study designed to identify family-centered training programs which prepare professionals to work collaboratively with members of other professions, in interagency settings, and incorporating attention to family-professional collaboration. The study examined the content and training methods used in programs to prepare professionals for interprofessional, interagency and family-professional collaboration. Information was also gathered about the organization and administration of training programs, efforts to involve community members in the planning, design and implementation of training, and the challenges faced by program leaders in developing and implementing their programs.

Two major groups of education and training programs were included in the study: (1) university pre-service and professional education programs; and (2) agency-based in-service and continuing education programs. Section II of the monograph presents an overview of the training programs and summary findings, including information about the design, planning, implementation, content, administration and evaluation of training programs. A brief case study of each training program is provided in Section III. Study findings indicate the existence of a.small number of education and training programs around the country that focus on training for collaboration. The programs are described to provide the reader with information and ideas about what a "model" program of interprofessional family-centered training might look like. Section IV of the monograph includes a discussion of the findings and recommendations for developing and implementing training for family-centered practice. A complete list of names, addresses and telephone numbers for each of the programs is given in the appendix. A companion document provides a detailed overview of the literature on interprofessional training in the form of an annotated bibliography on interprofessional practice and interprofessional education (Newell, Jivanjee, Friesen & Schultze, 1994).

A limitation of the study relates to the study sample, in that the relationship of the programs studied to the total population of collaborative training programs is unknown. Since there is no central data base which lists interprofessional/interdisciplinary training programs, we were faced with the challenge of identifying training programs to include in the study. We used a snowball sampling methodology to identify appropriate training programs, but this method obviously did not permit us to identify every family-centered interprofessional/interdisciplinary training program nationwide. Consequently, the picture of family-centered, interprofessional training which is presented in this monograph is incomplete. We cannot assert that the programs described in the monograph are representative of the state of interprofessional training nationwide. We do believe that after two years of soliciting nominations of training programs we have developed as complete a picture of the state of the art in interprofessional education as our resources and time have permitted. Many of the programs described in the study are considered to be "on the cutting edge" of professional training for family-centered services and therefore worthy of examination. There may be other training programs which are as good or better than those described here but which were not included because they were not nominated or uncovered in the course of our study.

The findings presented here reflect what we see as a growing trend toward training professionals in the human services to better serve families by working collaboratively. The monograph provides information and ideas about "state of the art" training around the country. We should add that, while the primary focus of our work at the Research and Training Center on Family Support and Children's Mental Health is on improving services for children with serious emotional disorders and their families, many of the training programs included in the study are drawn from the broad range of human services. The findings about goals, principles and design of the training programs and our recommendations have relevance to training for general family-centered services as well as for children's mental health specifically.

## METHODS

We conducted an extensive review of the literature related to interprofessional and interagency collaboration, family participation and consumer satisfaction. From this, a preliminary model of education for interprofessional, family-professional collaboration was developed. The model incorporated the specific attitudes, knowledge and skills needed for interprofessional, interagency and family-professional collaboration and was used to shape the questions to include in the survey. Nominating and screening forms were designed to determine whether training programs met the criteria for inclusion in the study, which were these:

a. Presentation of content related to interprofessional/interdisciplinary collaboration;
b. Presenters (instructors and trainers) representing different professions/disciplines; and
c. The audience (participants) identifying with different professions/disciplines.

Two versions of the survey instrument were designed, one for university programs and one for agency programs, with parallel questions.

To identify education and training programs to include in the survey, a snowball sampling methodology was used. A nominating form with a cover letter explaining our research goals was mailed to university educators and personnel from agencies that offered interdisciplinary training, directors of mental health services, Child and Adolescent Service System Program (CASSP) directors, State Mental Health Representatives for Children and Youth (SMHRCY) and other persons who were knowledgeable about training in their state. In addition, each informant was asked to nominate training programs of which they were aware. After receiving the completed nominating forms, a research assistant called each respondent and completed a brief telephone screening and preparatory interview to accomplish the following tasks:

a. Determine that the training program met our criteria for inclusion in the study;
b. Determine whether the program was a university or agency-based training program, and therefore which version of the survey instrument would be appropriate; and
c. Arrange an appointment for a long telephone interview two weeks after the screening call.

After the screening interview, the research assistant mailed a copy of the survey form to the respondent to refer to before and during the long interview. Interview questions addressed the planning, development, funding, implementation, management, administration and evaluation of the training program. Survey questions also examined the involvement of community members in the planning, design and implementation of training. Specific questions were focused on the content and training methods used to prepare professionals to collaborate interprofessionally and in interagency settings and to promote family-professional collaboration. Information was gathered about the challenges faced by program leaders in developing and implementing their programs and the challenges in promoting interprofessional training. Data collected in the extensive telephone interviews were entered into the computer program Paradox so that they could be sorted for analysis.

## II. GENERAL FINDINGS

In total, 65 professional education and training programs were nominated, but only 51 were found to meet the criteria for inclusion - interdisciplinary content, presenters, and participants. Of these, 26 were agency training programs, and 25 were university professional education programs. Although our main focus is on training to improve services to families whose children have serious emotional disorders, the programs identified in the survey were drawn from the broad arena of training for family-centered practice in the human services. Summary findings and major themes are presented below.

### ORGANIZATION AND DEVELOPMENT OF THE TRAINING PROGRAM

**Collaboration with other agencies, departments or institutions:** Survey findings indicate a high level of collaboration with other agencies, departments and institutions. With reference to the 26 agency-based training programs which were surveyed, 21 respondents (81%) said that program staff worked jointly with other agencies or universities in the planning, design, implementation, administration and/or evaluation of the training program. Sixty-eight percent (17) of the 25 university training programs in the study were developed as joint efforts with other departments or institutions. Human service agencies were involved in the organization and/or administration of 72% (18) of the university programs. In response to a question about organizational arrangements, 17 respondents from university programs (68%) stated that they were organized interdepartmentally; fifteen (60%) had inter-institutional arrangements. Seventeen university interprofessional education programs (68%) were located in one school or department while the others were either jointly located or in a separate, distinct department.

**Focus:** Approximately half of the respondents identified a specific field or problem focus of their training program such as health, mental health, child abuse or drug and alcohol abuse. The other half had a general focus on family-centered services. Eighteen university respondents (72%) indicated that their program had a service component, usually in the form of a field placement or internship. Agency respondents were not asked this question because we assumed that providing services was the major function.

**Formalization:** The degree of formalization of the education/training programs was addressed by questions focused on the programs' distinctive organizational arrangements and leadership, specific admission criteria for participants and whether a formal acknowledgement was given to participants. Twenty-two agency-based training programs (85%) were described as formal, while nineteen university training programs (76%) were formal; the remainder were described as informal.

Sixteen of the 25 university programs (64%) were part of an accredited training program. Of the 26 agency training programs, 73% (19) were distinct entities within the organization, while the others were seen as one aspect of the ongoing work of the agency. Twenty-three university programs (92%) were described as distinct training programs with a specialized focus on interprofessional/interdisciplinary education, in contrast with those which had interprofessional content and methods infused in the curriculum of a general educational program.

Formal application procedures were required for applicants to 60% of university programs (15). Another indicator of formalization is the existence of written curricula and course outlines: twenty-two university programs (88%) and 19 agency-based training programs (73%) had written curricula. Participants from seven university programs (28%) received a degree; participants from eight university programs (32%) received a certificate; and participants from ten university programs (40%) received continuing education credits. Twenty-eight percent of university programs (seven) gave their participants other recognition such as credit toward their degree or a letter of completion. Seventeen agency respondents (65%) and 13 university respondents (52%) said that participants in their programs received formal and/or written acknowledgment of their participation.

Respondents from all university programs and 24 out of 26 agency-based training programs (92%) said that they used course evaluations. Twenty-two university programs (88%) and 16 agency programs (62%) also used other kinds of evaluations such as evaluations of specific training components, pre- and post-tests of participants' knowledge, surveys of the dissemination of knowledge in practice, and studies of employment patterns of participants after training.

**Advisory group:** Interdisciplinary advisory groups were used to guide the work of 80% of university training programs (20) and 69% of agency-based programs (18). Consumers and family members participated in the advisory boards of approximately one third of both agency and university training programs. Agency training programs placed slightly more emphasis on this aspect of family participation, with consumer or family member representation on ten agency advisory boards (38%) compared with eight university program advisory boards (32%). The representation of other community members on advisory boards was approximately one third. Examples of community members invited to join advisory boards included cultural diversity specialists, drug and alcohol counselors, community activists and a tribal chairperson.

## HISTORY AND PURPOSE

**Duration of the training program:** The surge of interest in interprofessional collaboration and training for collaboration is a recent phenomenon, and with a few notable exceptions, the training programs are of recent origin. Three agency programs and two university programs have been in existence for 20 years or more, while half of all training programs in the study have been in existence 3 years or less. The median duration of both agency-based and university training programs is 3 - 4 years. Nineteen agency training programs (73%) and 16 university programs (64%) were described as ongoing, while seven (27%) and nine (36%) respectively were described as time-limited because of grant funding.

**Why the program began:** For some agency training programs, the interdisciplinary focus emerged during the development of training to serve specific populations such as infants and toddlers with disabilities, rural populations needing health care, or children with serious emotional disorders. Other interdisciplinary programs began because of growing recognition that workers in the field were not adequately trained to collaborate. In general, the university programs identified the reasons for interprofessional program development as related to awareness of the need to prepare professionals to work collaboratively and to provide integrated services. Some specific examples of agency responses to the question about why the program began follow:

> To share a systemic view of service provision for kids with severe emotional problems in a variety of settings.
>
> Nursing, psychology, social work have a history of working together but no curriculum for training these three together.
>
> Agencies were frustrated with universities who were turning out people who couldn't "do it." Public child serving systems got together to start it.

Below are examples of responses from university programs:

> An increased number of locally-based programs lacked professionals to staff collaboration; there weren't professionals in place for integrated services.
>
> (There is an) emerging need for professionals to work in interagency settings collaboratively, with a broad range of skills.

**How the program began:** Agency responses to this question tend to focus on pressures make local services more family-centered and the recognition that professionals were not adequately prepared by their training to work collaboratively. In some instances, this pressure came from an agency administrator or CASSP coordinating council, while in others it came from outside the agency, for example, from a parent advocacy group or a neighborhood improvement committee. Then, typically a grant proposal was developed. For example:

> The Governor's Crime Commission and the advisory group to the Governor were involved with groups that provide services for children. They proposed a home-based program and asked the study center to write a grant. It was co-funded by a grant.

The university programs framed their responses in terms of either one person having a vision of interdisciplinary education and bringing others in, or representatives of several university departments coming together in a collaborative effort. Two explanations are given below:

> One person had a vision and met with two state professional association presidents. They put pressure on the university to support it.
>
> It began in the Child and Family Department, submitting training grants, gathering together other departments.

In some instances representatives of several university departments came together, for example:

> R. started it from four departments/schools: Public Affairs, Social Work, Education, and Public Health. Then we added Communications and Nursing.

Again, the representatives developed a grant and then added other departments. Responses to this question indicated the importance of one person (or a small group of key people) taking the lead in developing the concept, generating support and enthusiasm, and advocating for changes in traditional ways of doing business.

**Leadership and coordination:** Ninety six percent of both university and agency-based interdisciplinary training programs had a chair or coordinator. In agency-based programs, 65% of the leadership positions (17) were full-time, while 60% of leadership positions in university programs were full-time (15). Evidence of the collaborative nature of many of the programs in the survey was provided by the finding that twenty (80%) university programs and nineteen (73%) agency programs had one or more co-leaders. A wide range of disciplines and professional identifications was represented among the chairpersons of interdisciplinary training programs. The most frequently mentioned disciplines of directors of university programs were educational administration (3) and psychology (3), with social work the most frequently mentioned discipline of agency-based training directors. The disciplines of program directors are listed below in Table 1.

**Conflict over leadership:** Leadership was clearly an important aspect of program development and implementation, and in view of the collaborative nature of the programs, questions were designed to address the prevalence and form of conflict related

## TABLE 1

Disciplines/Professions of Training Program Directors

| University: | Agency: |
|---|---|
| Business Administration | Administration |
| Clinical & Community Psychology | American Studies |
| Early Childhood/Special Education | Child Development |
| Education/Administration | Education |
| Journalism | Health Planning |
| Home Economics | Home Economics & Education |
| Medicine | Language Pathology |
| Nursing | Management and Administration |
| Political Science | Recreation |
| Psychiatric Nursing | Psychiatry |
| Public Administration/Theology | Special Education |
| Social Work | Public Administration |
| Theology/Education | Social Work |

to leadership. In response from four respondents, university programs (16%) and eight agency programs (31%) said that there was conflict. Conflict was mentioned as being mainly related to personality differences, differences in philosophy, or competition between departments, schools or agencies about location, leadership and supervision of the program. Some respondents also mentioned tensions related to ownership of particular ideas or models of practice and training. In some programs, conflict was seen as negatively affecting program development; for example, one respondent said that "conflict...inhibited creative development of the program and used up lots of energy." Another respondent commented that, "The program stagnated during the conflict and everyone fought over small amounts of money." In contrast, some programs utilized conflict to enhance the quality of the program. For example, one respondent noted that "Conflict can be healthy. Internal conflict is within the normal range for a growing organization." Another added that disagreements about philosophies had strengthened the clarity of objectives and program outcomes.

**Number of faculty involved in the training program:** University-based respondents were asked about the number of faculty members involved in their training program. Answers ranged from one to over 100 faculty members, with the average response being nineteen faculty members and the median response ten faculty members. However, many faculty associated with interdisciplinary training programs were part-time. Only two programs identified in the study had twenty or more full-time faculty, while eight had no full-time faculty at all. The average number of full-time faculty was 3.1, while the median was one.

**Family and consumer input into the planning, design, implementation, and evaluation of training programs:** Because a focus of work at the Research and Training Center on Family Support and Children's Mental Health is on family empowerment and family participation in service planning and delivery, we were particularly interested in the participation of family members and consumers in planning and implementing training. Consumers were involved in the planning, design, implementation and evaluation of 16 university programs (64%), while family members were involved in 13 (52%). Consumers were involved in the planning and implementation of 18 agency programs (69%), while family members were involved in 17 (65%). The extent of family member and consumer involvement was much greater in agency-based training programs than university programs and, in a few agency programs, consumers and family members assumed multiple roles. Examples of the ways that family members were involved in planning, designing, implementing and evaluating the training programs are shown in Table 2.

## TRAINING PROGRAM IMPLEMENTATION

**Types of professionals involved in providing training:** The professions and/or disciplines involved in developing the training program and in providing the training varied widely according to the focus of the program. Social work was notable for providing training in nearly all the programs surveyed (96% of agency programs and 84% of university programs). Psychology was the next most frequently involved discipline in agency-based training programs (77%) with nursing the second most frequently represented profession in university interprofessional education (76% of programs). The professions most frequently involved in providing training are shown in Table 3.

## TABLE 2
Examples of Consumer/Family Member Roles in Training Programs

**University:**

CASSP stated their needs

Former clients on commitee

General input

Evaluation

Incorporated ideas into design

Needs assessment

Continuing oversight

Tibal councils participate in research

**Agency (multiple roles):**

Advisory board

Trainers

Evaluation

Program design

Needs assessment

Planning

Design

Many staff are parents: involved in whole process, trainers, advisory, evaluation

## TABLE 3
Professions/Disciplines which Provide Education/Training

| | Agency (n=26) % | University (n=25) % | Total (n=51) % |
|---|---|---|---|
| Social work | 96 | 84 | 90 |
| Psychology | 77 | 68 | 73 |
| Nursing | 46 | 76 | 61 |
| Special Education | 42 | 48 | 45 |
| Education | 38 | 58 | 47 |
| Pediatrics | 35 | 28 | 31 |
| Psychiatry | 31 | 40 | 35 |
| *Other medical | 23 | 48 | 35 |
| **Other | 50 | 44 | 47 |

*The disciplines of faculty and trainers mentioned in the "Other Medical" category included medicine, allied health, occupational therapy, optometry, physical therapy, adolescent health, public health education, dentistry and pharmacy.

**Instructors mentioned in the general "Other" category included consumers and members of the following disciplines and professional groups: vocational education, nutrition, family therapy, law, economics, juvenile justice, child welfare, recreation therapy, human services, rehabilitation therapy, public administration, counseling, speech/language pathology, nutrition, public policy, probation, child development, theology, home economics and drug & alcohol counseling.

**Participation of consumers and family members as trainers:** Again, our focus on family participation in service delivery led to a particular interest in the involvement of consumers and family members as trainers. Only 15 respondents from agency-based training programs (58%) and 12 respondents from university programs (48%) reported any involvement by consumers and family members as trainers. The extent of consumer and family member participation in providing training was most extensive and varied in agency-based programs, with consumers and/or family members in some programs being responsible for planning and offering parts of the curriculum and being paid as regular staff. Examples of the training roles of consumers and family members are presented in Table 4:

TABLE 4

Roles of Consumers and Family Members as Trainers

(Numbers in parentheses indicate the number of programs that involve consumers and/or family members in this role.)

| **University:** | **Agency:** |
|---|---|
| Co-teach practicum seminars (1) | Trainers/co-trainers (4) |
| Develop syllabi (1) | Give family perspective (3) |
| Parents conduct lectures (1) | Apprenticing to be trainers (1) |
| Curriculum development/review (1) | Present experiences w/the srvc. system (1) |
| Give feedback in family therapy clinic (1) | Presenters (2) |
| Lecturers (4) | Facilitate discussions (2) |
| Parents discuss needs in seminar (1) | Problem description from consumer perspective (1) |
|  | Parent-professionals teach a module (1) |

## PARTICIPANTS

**Disciplines/professions of participants:** Another particular focus of interest in the research was the specific disciplines and/or professions of participants. The representation of the disciplines/professions among training participants was parallel, but not identical to, those of trainers. Again, social work, psychology and nursing were most frequently represented, with participants from education and special education in over two- thirds of the training programs. Medicine, pediatrics and psychiatry were noticeably under-represented among the participants. The findings are summarized in Table 5:

TABLE 5
Disciplines/Professions of Participants

| | Agency (n=26) % | University (n=25) % | Total (n=51) % |
|---|---|---|---|
| Social work | 88 | 80 | 84 |
| Psychology | 85 | 64 | 74 |
| Education | 73 | 60 | 67 |
| Nursing | 65 | 68 | 67 |
| Special education | 77 | 48 | 63 |
| Law | 46 | 24 | 35 |
| Sociology | 50 | 27 | 39 |
| Social administration | 58 | 24 | 41 |
| *Other | 31 | 56 | 43 |

*Participants represented in the category "other" included representatives from the following disciplines and professional groups: medicine, child psychiatry, pediatrics, drug & alcohol counseling, psychiatry, occupational therapy, counseling, child development, human services, psychiatric nursing, juvenile justice, criminal justice, divinity, community action, physical therapy, school administration, public health, dentistry, family therapy, and speech and hearing. Paraprofessionals in various disciplines were also included.

**Recruitment of culturally diverse participants:** Respondents were asked whether their program made any special efforts to recruit culturally diverse participants, what those efforts were and how successful they had been. In response, 76% of university programs and 66% of agency training programs indicated that they did have special recruitment efforts. The most frequently mentioned recruitment strategies included advertising in specific newspapers, magazines and journals that were read by culturally diverse groups or that had a cultural focus, doing features on radio and cable TV stations with a diverse audience, contacting ethnic organizations, sending mailings to specific communities such as Indian reservations, reaching out to targeted communities, working with school districts, and by word of mouth. The success of these strategies varied. More than half of the agency programs said that their recruitment efforts had been effective, while only about one-fourth of university programs reported that they had a culturally diverse group of participants. A few respondents commented that personal contacts were most effective in the recruitment of culturally diverse participants.

**Recruitment of family members as participants:** Participation of family members in training was not a priority for most university programs: only five university programs mentioned making any special efforts to recruit family members as participants. In contrast, over half of the agency training programs said that they made special efforts to promote and encourage family member participation. These efforts included recruitment through the Alliance for the Mentally Ill (AMI), the Federation of Families for Children's Mental Health and other parent and consumer advocacy organizations, and neighborhood and community associations. Three agency programs reported that they had a parent advisory group or that parents were involved in planning at the committee level and these family members were actively involved in recruitment.

## TRAINING CONTENT AND METHODS

**Training methods:** In response to a question about training methods for delivering interdisciplinary content, seven agency-based respondents (26%) stated that their training program delivered the content through specialized training sessions, five (20%) said that the interdisciplinary content was integrated throughout the curriculum, and 17 (65%) indicated that they used a combination of these two approaches. One respondent did not answer this question, since the curriculum was still in a developmental stage. The comparative figures for university programs were as follows: ten (40%) offered specialized classes, four (16%) offered interdisciplinary content integrated throughout the curriculum, and eleven (44%) used a combination of approaches.

**Course planning:** Eighty-eight percent of university training programs (22) and 81% of agency-based training programs (21) in the survey had interdisciplinary course planning.

**Team teaching:** Team teaching was the approach of choice for 92% of both university and agency-based training programs. One agency-based program did not respond to this question because it is still being developed. Twenty-four university programs (96%) and

24 agency-based training programs (92%) indicated that team teaching included joint teaching, i.e. two or more instructors in the room at the same time. Eighty-five percent of agency programs (22) and 80% of university programs (20) used interdisciplinary trainers sequentially.

**Training content related to collaboration:** The survey included questions focused toward the specific content on interprofessional/interdisciplinary process and family-professional collaboration in each training program. The list of topics which was included in the questionnaire was generated after our review of the literature and discussion with colleagues involved in interdisciplinary training. Most respondents said that content related to the topics was integrated throughout their training curricula; they indicated that the prevalence of entire courses or workshops on the topics related to collaboration was quite limited. Most university training programs indicated a high level of attention to the topics in field placements. The findings related to content integrated throughout the curriculum and addressed in field experience should be treated with caution, because of the way that the questions were framed and the difficulty in verifying the responses. By offering a list of topics and asking respondents to indicate their inclusion in the training program, the researcher may have inadvertently biased the respondents to answer positively to the topics. Responses are summarized in Table 6.

**Interprofessional field placements:** Nineteen (76%) university programs and 12 (46%) agency training programs offered interprofessional field placements. In comparing these figures, it should be noted that a few agency-based training programs offered field placements to students in university-based professional training programs, but most were providing in-service training and continuing education to their own staff and other local agency staff. Ninety six percent of agency respondents said that there were opportunities for trainees to apply their knowledge in practice situations.

**Conferences focused on interprofessional/interdisciplinary training:** More than two thirds of all respondents said that their program sponsored conferences focused on interdisciplinary/interprofessional training. Specifically, 75% of university programs and 68% of agency-based training programs responded affirmatively to this question.

**Use of terminology:** Questions about the use of terms related to collaboration were included in the survey to determine the focus of the training programs and their level of formality. Ninety six percent of both university and agency-based programs indicated that they use the term "collaborate." Only two agency programs and eight university programs had a written definition of "collaboration" which had been agreed upon by the interdisciplinary staff group. The term "interdisciplinary" was used more frequently than "interprofessional" by both university and agency-based training programs. Eighty four percent of university programs (21) used "interdisciplinary" compared with 69% of agency programs (18). Ten university programs (40%) had a written definition of "interdisciplinary," compared with three agency programs (12%). Only 40% of university programs and 16% of agency programs used the term "interprofessional." Only four university programs and none of the agency programs had a written definition of "interprofessional."

### TABLE 6

Interdisciplinary Content in Training Curricula -- University Programs (n=25)

| | Entire course % | Integrated throughout curriculum % | Field practice experience % |
|---|---|---|---|
| Interprofessional communication | 24 | 56 | 60 |
| Interdisciplinary group process | 20 | 52 | 60 |
| Interagency collaboration | 12 | 60 | 60 |
| Parent-professional collaboration | 16 | 44 | 52 |
| Consumer-professional collaboration | 8 | 52 | 48 |
| Shared decision-making | 12 | 56 | 56 |
| Conflict management | 8 | 44 | 40 |
| Cultural competence | 32 | 60 | 52 |

Interdisciplinary Content in Training Curricula -- Agency Programs (n=26)

| | Entire workshop % | Integrated throughout curriculum % |
|---|---|---|
| Interprofessional communication | 12 | 73 |
| Interdisciplinary group process | 8 | 65 |
| Interagency collaboration | 12 | 69 |
| Parent-professional collaboration | 4 | 58 |
| Consumer-professional collaboration | 4 | 50 |
| Shared decision-making | 16 | 65 |
| Conflict management | 16 | 50 |
| Cultural competence | 16 | 62 |

Other content addressed in training included the following topics: advocacy and ethical perspectives (university programs); and advocacy, mediation, brokering, housing & community collaboration, and team building skills (agency-based programs).

## CHALLENGES IN DEVELOPING AND IMPLEMENTING TRAINING PROGRAMS

We asked a number of questions focused on challenges encountered at different stages of program development and implementation.

**Training program development:** All respondents referred to challenges they had encountered in developing their training program. Responses were categorized into fiscal and resource constraints, administrative challenges, and political challenges.

**Fiscal and resource constraints:** Fiscal and resource constraints were most frequently mentioned by both agency and university training programs. The most prevalent needs were for more funds, trainers, space and faculty release time. Strategies for addressing these challenges included grant writing, development of a collaborative budget, faculty and trainers volunteering their time, fund-raising, charging contractors, "begging" and "badgering and harassing." The outcomes were mixed, with resource constraints causing a constant struggle for many training programs.

**Administrative challenges:** Administrative challenges were varied, ranging from the very abstract "determining the meaning and content of collaboration" to the very concrete "deciding who to invite to meetings" and "finding convenient meeting times." Other challenges mentioned by respondents included finding the time for collaboration, sorting out the roles of participants, getting people to become involved, the lack of clear goals, the lack of a common language, and state requirements for training and licensing. Strategies adopted to deal with these issues included increased communication, lots of meetings, clarification of roles, clarification of the benefits of collaborative training, and negotiations with states regarding standards. The outcomes of these efforts were reported to be mainly successful, except for state licensing standards which were a subject of ongoing negotiations in some states.

**Political challenges:** Political challenges were less frequently mentioned, but where they occurred they had a serious impact on program development. The most common themes related to power and turf issues, decisions about responsibility, the effects of categorical funding, lack of commitment to family-centered practice, and histories of poor relationships between agencies. The lack of organizational and community structures to promote and support collaboration and facilitate the development of collaborative education were also serious concerns. Strategies used to meet these challenges included meetings and discussions, information sharing, relationship-building and strategically placing people together in training groups, a strategy creatively named by one program as "mending your professional fences." Outcomes were not identified by most respondents, since political challenges were ongoing concerns that needed continuing attention in the programs.

**Barriers to developing a maintaining an interdisciplinary focus:** Respondents were asked to indicate the extent to which a number of factors presented barriers to developing and maintaining an interprofessional/interdisciplinary focus in their training program. The list of possible challenges was generated after discussion with trainers and faculty members involved in implementing curricular innovations in professional training. The responses to the question are shown in Table 7.

## TABLE 7
### Barriers to Developing & Maintaining an Interprofessional/Interdisciplinary Training Focus -- Agency-Based Training Programs

| | Major barrier % | Minor barrier % | Not a problem % |
|---|---|---|---|
| Low student interest | 4 | 29 | 67 |
| Lack of trainer expertise | 4 | 29 | 67 |
| Low priority for participants compared to other topics | 8 | 42 | 50 |
| Low priority for trainers compared to other topics | 0 | 17 | 83 |
| Difficulty coordinating courses/schedules with other disciplines | 26 | 48 | 26 |
| Topic too specialized | 0 | 25 | 75 |
| Interdisciplinary/interprofessional field placements hard to arrange | 14 | 14 | 71 |
| Low job market demand for interprofessional skills | 14 | 0 | 86 |
| Curriculum overcrowded | 32 | 23 | 45 |

## Barriers to Developing & Maintaining an Interprofessional/Interdisciplinary Training Focus -- University-Based Training Programs

| | Major barrier % | Minor barrier % | Not a problem % |
|---|---|---|---|
| Low student interest | 4 | 4 | 91 |
| Lack of faculty expertise | 17 | 29 | 54 |
| Low priority for students compared to other topics | 9 | 39 | 52 |
| Low priority for faculty compared to other topics | 21 | 33 | 46 |
| Difficulty coordinating courses/schedules with other disciplines | 30 | 30 | 39 |
| Topic too specialized | 4 | 21 | 75 |
| Interdisciplinary/interprofessional field placements hard to arrange | 10 | 35 | 55 |
| Low job market demand for interprofessional skills | 8 | 4 | 88 |
| Curriculum overcrowded | 33 | 33 | 33 |

The responses indicate that for both agency and university programs the major barriers to developing and maintaining an interprofessional/interdisciplinary focus were difficulties coordinating schedules with other disciplines and curricula that were already overcrowded with content. Student interest and the job market demand for interprofessional skills were not a problem for almost all programs in the study. Other barriers mentioned by respondents included time constraints, lack of knowledge and lack of training models, university organizational constraints, fiscal and resource problems, turf issues and the lack of commitment of supervisors.

**Current challenges in promoting interprofessional teaching and learning:** In response to a question about current challenges in promoting interprofessional teaching and learning, respondents tended to focus on the challenge of bringing together the different constituencies of service providers at the practice and administrative levels, including community members, families, and trainers. Keeping their focus on a common goal was often difficult when there were competing priorities. The effects of funding cuts and categorical funding were constraints in training efforts which were interdisciplinary and interagency, and many programs struggled to obtain non-categorical funding. Some examples of the challenges in promoting interprofessional teaching and learning follow:

> Resources to collaborate - it takes funding, attitudes, funding interest.
>
> Supervisors have to be willing to create a work environment which supports interprofessional collaboration.
>
> (There is a) struggle with time and competing priorities for things for which training has been identified as beneficial.
>
> Providing enough training to overcome (the) discipline-specific paradigm.

University training programs faced particular challenges related to rigid departmental curricula, with their traditions of professional expertise and "ownership" of specific knowledge bases. The slow pace of change in university settings and limited resources were additional challenges for some programs. Getting faculty interested was difficult for some programs because of the focus on increasing specialization in faculty advancement. One respondent mentioned the impact of time demands related to faculty members not getting credit for team teaching. The university programs which appeared to be most successful were those where senior university administrators recognized the advantages of collaborative programs and adopted flexible requirements for faculty advancement. An additional challenge was the need to create work environments that supported interprofessional collaboration, for example, by making the time available since collaboration is time consuming.

**Current challenges facing training programs:** Some of the challenges mentioned that affected programs were the same ones that had affected the development of the training programs and that were barriers to the promotion of interprofessional teaching and learning; there were also some new ones. Fiscal and resource constraints continued to be continuing challenges in many interprofessional training programs in both university and agency-based settings. Some respondents mentioned the need for ongoing funding after their seed money or pilot project funding ran out. This concern was associated with the challenge to institutionalize the training as part of the regular education or training program, rather than as a special project. Recruitment of trainers with knowledge and expertise in interprofessional collaboration was mentioned by several respondents. One respondent mentioned the difficulty in getting people committed to interprofessional education and added that people say, It's just a fad," or "We're already doing it." Licensing and certification requirements continued to be a challenge in some states and some university programs found it difficult to arrange appropriate interdisciplinary field placements.

## PLANNED OR ANTICIPATED CHANGES IN TRAINING PROGRAMS

Potential planned changes included curriculum development, expansion of programs to include other disciplines or to provide training in additional geographic areas, increasing the availability of interdisciplinary field placements or training sites, and increasing consumer and community participation. The most frequently mentioned curricular changes were related to increasing content on cultural diversity and family preservation and moving toward competency-focused training. Some programs were working to change the recognition and academic status of their training program. For example, one respondent reported that her training program was developing from a certificate program into a Masters in Interdisciplinary Studies with Children and Families. Other programs were taking steps to gain certification for trainees.

## STRENGTHS AND BENEFITS OF TRAINING PROGRAMS

When asked about the strengths and benefits of their program, many respondents tended to focus on the philosophical and ethical base of their program, their holistic orientation, training from a strengths perspective, and emphasis on underserved populations and communities. The focus on collaboration was seen as a major strength by universities, particularly the development of teamwork skills and skills in working with other professions. In general, agency programs mentioned their concentration on family empowerment, family preservation, promoting competence, parent advocacy, and building stronger communities. Some examples of the strengths and benefits mentioned by university-based respondents follow, with the main emphasis on the interdisciplinary, collaborative nature of their program, their holistic approach and their attention to meeting community needs:

> (Participants) learn to look beyond specific disciplinary lenses into the broader arena. The program teaches respect for other disciplines.

> It looks beyond (a) specific disciplinary lens.
>
> Professionals work together in a common language to promote competence. The disciplines share expertise. Students learn to look at kids as whole kids.
>
> (We are) preparing people to serve the community -- taking what the community thinks is important and then training people to meet those needs.

Agency-based training programs were focused on strengthening the linkages between agencies and professions to better meet the needs of families, family empowerment, and building on the strengths of families and communities:

> Our focus on interdepartmental planning and trans-disciplinary training with a parent advocacy focus is important.
>
> We provide teaching for human service practice that will benefit families.
>
> We have a holistic approach. Conceptually, the training comes from a strengths perspective and includes family/consumer empowerment.
>
> Both the community and university are better due to the fact that they are working together; we are finding ways to provide low-cost services to low-income immigrant families and teaching students to work with them.

# III. SUMMARY DESCRIPTIONS OF INTERPROFESSIONAL/INTERDISCIPLINARY TRAINING PROGRAMS

Section III presents summaries of the specific information about each training program included in the survey. The selection of information to include was based partly on our assumptions about what would be of most interest to the reader and partly on our wish to convey to the reader what was distinctive about each training program. Entries are arranged alphabetically by state and a complete list of program addresses, names of contact persons and telephone numbers is appended to this volume. More detailed information about specific training programs may be obtained from the contact persons listed.

The program summaries include information about the development and implementation of the training programs, the roles of participants, the training content and methods, the challenges faced during program development and subsequently, and the major strengths. Specifically, each program summary follows the same outline:

- Brief information about the type, location and focus of the training program;
- The professions/disciplines of instructors and trainees;
- The duration and funding of the program;
- Involvement of community members in the planning, design, implementation and/or evaluation of the program;
- Challenges in developing the program and strategies used to overcome them;
- Participation of family members and/or consumers as instructors;
- Interdisciplinary approach;
- Names of seminars, workshops or courses;
- Topics integrated throughout the training curriculum;
- Field placements;
- Recruitment and numbers of participants, particularly culturally diverse participants;
- Certification of participation;
- Current challenges facing the program;
- Strategies to increase collaboration; and
- Major strengths of the program.

## 1. Rural Alabama Health Professional Training Consortium, Eutaw, Alabama.

**Type and location of program**: Training program for health professionals developed in collaboration with the University of Alabama Colleges of Nursing, Community Health Science, and Human Environmental Science; Samford University School of Pharmacy; the University of Alabama at Birmingham School of Dentistry; the University of Alabama in Huntsville School of Nursing; West Alabama Health Services Inc. and West Alabama Rural Health Consortium. Based at West Alabama Health Services, a rural community health center serving an area of six predominantly rural, poor and medically and dentally under-served counties.

**Focus**: Interdisciplinary training to enhance the quality and availability of health care services by making rural practice a more attractive career option. Program objectives are to increase understanding of rural health issues and enhance the ability of trainees to interact with other health practitioners.

**Professions/disciplines of instructors**: Medicine (family practice), dentistry, nutrition, pharmacy, optometry, public health, clinical research, social work, nursing, teaching.

**Professions/disciplines of trainees**: Medicine (family practice), dentistry, nutrition, pharmacy, optometry, public health, clinical research, social work, nursing, teaching.

**Start date**: 1990.

**Funded by**: National Bureau of Health Professions/Health Resources and Services Administration 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**

a. Community professionals, community leaders and elected representatives and government officials participate in the advisory board; and
b. Volunteers provided input into program planning.

**Challenges in developing the program**:

a. Political structure in the universities creates barriers; addressed by the director's membership on many boards;
b. Curriculum changes were necessary to better meet the learning needs; and
c. Student recruitment; alleviated by provision of stipends and free accommodation.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the training curriculum.

**Names of seminars, workshops or courses:**

There are no specific courses; training is provided through internships at rural sites.

**Topics integrated throughout the internship**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Participants do a 6-8 week full-time rotation with an interdisciplinary focus.

**Number of trainees/participants**: 40 per year in 5 disciplines; 25 per year receive a $15,000 stipend from the grant and others receive stipends from their universities or other grants.

**Recruitment of trainees/participants**: Staff from West Alabama Health Services speak at conferences and universities and meet with faculty. There is also a marketing strategy.

**Recruitment of culturally diverse trainees/participants**: In the grant, priority is given to culturally diverse groups, especially people from rural backgrounds; there has been some success in pharmacy and dentistry.

**Degree or formal certificate of participation**: Participants receive an evaluation in accordance with the requirements of their university.

**Current challenges facing the program**:

a. There have been turf issues from time to time;
b. Curriculum changes have been difficult to address; and
c. People are still reluctant to work in rural areas.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. The professionals who are involved in providing training are dedicated and knowledgeable about rural health;
b. The program provides a special opportunity for exposure to rural communities; and
c. The students say that they gained a lot.

## 2. Child and Adolescent Service System Program (CASSP) Service Coordination Training for Children and Adolescents with Serious Emotional Disorders, Division of Mental Health Services, Little Rock, Arkansas.

**Type and location of program**: Collaborative training program based in Department of Mental Health and University Affiliated Program (UAP) of the University of Arkansas Department of Pediatrics. Other collaborators include the Schools of Social Work and Special Education and community mental health agencies.

**Focus**: Service coordination training to increase the knowledge and skills of those working with children and adolescents with serious emotional disorders and their families. Developed by an interagency group that included parents and offered at sites around the state.

**Professions/disciplines of instructors**: Social work, psychology, pediatrics, nursing, special education, rehabilitation counseling, psychiatry, parents.

**Professions/disciplines of trainees**: Social work, psychology, nursing, education, special education, juvenile justice, sociology, social administration, youth services providers.

**Start date**: 1991.

**Funded by**: Federal grants 50%, University of Arkansas 25%, Division of Mental Health 25%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

Consumers, family members, community professionals, and representatives of state agencies are involved in planning, developing and training.

**Challenges in developing the program**:

a. Limited resources to meet the need for family/community support, not just mental health services, identified with the support of the CASSP director; addressed by the development of a collaborative budget request which resulted in the provision of new funds;

b. Conceptualizing what was needed vs. traditional mental health services with little proactive effort and getting professionals to buy into the concept; strategies were to have discussions of service coordination (as opposed to case management) and to develop a conceptual process and training to go with the concept. This has been successful; community mental health agencies are using more non-professionals and have expanded services.

**Participation of family members and/or consumers as instructors**: Parents are fully involved as trainers.

**Interdisciplinary approach**: Specialized training with team teaching in highly interactive small groups.

**Names of workshop (40 hours of training):**

Service Coordination for Children and Youth with Serious Emotional Disorders:
CASSP and the Roles of Parents as Case Managers.

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Cultural competence.

**Internships/field placements**: No.

**Number of trainees/participants**: 127 agency staff, 42 non-agency professionals, 50 consumers/family members, 20 part-time special interest participants.

**Recruitment of trainees/participants**: Statewide trainings.

**Recruitment of culturally diverse trainees/participants**: Yes, members of culturally diverse groups have been involved from the beginning.

**Degree or formal certificate of participation**: Service Coordination Certificate (includes paraprofessional certification for mental health workers).

**Current challenges facing the program**:

a. Bringing together different constituencies to present to a diverse audience; and
b. The resistance of mental health professionals to interdisciplinary training; the strategy to involve them in development and planning and to promote their ownership of the program has helped.

**Strategies to increase collaboration**: None mentioned.

**Major strengths of the program**:

a. Consistency in trainings across the state through a "Training of Trainers" process;
b. Holistic approach; and

c. Conceptual approach is based on the strengths perspective and includes family/consumer empowerment.

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### 3. California Social Work Education Center, University of California at Berkeley, Berkeley, California

**Type and location of program:** Located in the School of Social Welfare at the University of California, Berkeley, this is a collaborative interinstitutional university program involving 11 graduate schools of social work education, 58 county welfare departments, mental health and affiliated organizations and the National Association of Social Workers (NASW).

**Focus:** To train graduate students preparing for careers in social work to practice effectively in California public child welfare.

**Professions/disciplines of instructors:** Social work, psychology, education.

**Professions/disciplines of trainees:** Social work, education, social administration.

**Start date:** January 1990.

**Funded by:** Title IV-E federal grant 75%; other grants from the Ford Foundation and a composite of the following foundations: Elise Hass Fund, Walter S. Johnson Foundation, Kaiser Foundation, Louis R. Lurie Foundation, Community Foundation of Santa Clara, San Francisco Foundation, Stuart Foundation, Van Lobe Sels Foundation and the Zellerbach Family Fund.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Curriculum development and implementation, program planning, research and development projects, and program advisory board membership by mental health and social administration professionals and community leaders; and
b. Advisory board membership by government officials.

**Challenges in developing the program:**

a. Developing a center for social work education on the University of California campus at Berkeley; successfully achieved with years of planning for training program implementation;

b. Achieving consensus of program emphasis and implementation from appointed officials and university deans; accomplished with the establishment of program planning committees;
c. Securing the financial support necessary to maintain a collaborative university training program; fulfilled with the financial support of Title IV -E funds, the Children's Bureau and foundation support.

**Participation of family members and/or consumers as instructors:** None.
**Interdisciplinary approach:** The training program is interdisciplinary in curriculum, field placement sites, program faculty and students.

**Names of seminars, courses, or workshops:**
Not available.

**Topics Integrated Throughout the Curriculum:**
Interagency collaboration
Interprofessional communication
Interdisciplinary group process
Cultural competence

**Internships/field placements:** Field placements in child welfare agencies, which include interdisciplinary interaction, are provided for all participants in the social work education program. Ten field placements which emphasize interdisciplinary learning are reserved for student participants of the collaborative alliance with county social service departments.

**Number of trainees/participants:** Approximately 400 master's level students per year.

**Recruitment of trainees/participants:** Participants are recruited from within the M.S.W. program on campus as well as county social service departments.

**Recruitment of culturally diverse trainees/participants:** In addition to general recruitment efforts, attempts to recruit culturally diverse participants include intensive networking within university and agency departments and advertising in culturally diverse periodicals.

**Degree or formal certificate of participation:** Program participants receive individual certificates and the formal social work degree of their university.

**Current challenges facing the program:**
a. Maintaining a programmatic balance between education and practice; successfully addressed by meetings which raise awareness and allow for discussion;

b. Sustaining program funding; achieved with regularly scheduled meetings with funders.

**Strategies to increase collaboration**: Increased number of meetings which allow for program discussion.

**Major strengths of the program:**

a. The alliance between university social work education programs and California county social service departments provides employment opportunities for students following program completion;
b. Development and implementation of curriculum competencies for child welfare practice;
c. M.S.W. students receive skills in multidisciplinary team work during field placements at child welfare agencies;
d. Culturally and socially appropriate social work practice with consumers is modeled for students entering the field of social work;
e. Competent social service programs are developed throughout the state; and
f. Research and development projects are agreed upon between educators and practitioners.

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### 4. Center for Collaboration for Children, California State University, Fullerton, California.

**Type and location of program**: The Center is a California State University system-wide initiative which provides interdisciplinary training. The Center was developed by six university programs: education, human services, public administration, psychology, social work, and nursing, in collaboration with state and local social service agencies. Based in the School of Human Development and Community Service.

**Focus**: To meet the needs of children by promoting collaborative, cross-agency efforts that use school-based and community-based models of serving the whole child in the family and community. Provides undergraduate, graduate and continuing education for collaboration.

**Professions/disciplines of instructors**: Education, special education, child development, psychology, nursing, human services, public administration, juvenile justice, county government and members of local collaboratives.

**Professions/disciplines of trainees**: Education, special education, social work, psychology, nursing, law, sociology, social administration, counseling, human services.

**Start date**: 1991.

**Funded by**: California State University 25%, private foundations 65%, consulting fees 10%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Input of consumers and family members was gained indirectly through local community meetings focused on school issues;
b. Community leaders and community professionals provide input as members of the advisory committee; the Center reciprocates by providing technical assistance to them;
c. Some students work at the Center and have given input into program planning; and
d. Feedback on technical assistance is received from each site.

**Challenges in developing the program**:

a. Categorical university funding is usually attached to a symptom, which means that root causes can rarely be addressed; challenge resources addressed by obtaining outside funding from foundations;
b. Working across disciplines and with outside funders is difficult;
c. The university structure has presented obstacles; addressed by identifying over 100 faculty on 20 campuses who are supportive;
d. Within the School, the Center is perceived by some as a threat to the "norm;" addressed by getting support from senior department chairs and as many junior faculty as possible;
e. The program faces challenges related to the additive way in which change occurs, rather than systems change which is really needed.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach:** Interdisciplinary content is integrated throughout the curriculum and delivered through team teaching and specialized classes.

**Names of seminars, workshops and courses**:

Integrated Services for Masters Students
Interdepartmental Collaborative Seminar
Inservice Training Workshops for Agencies
Theory and Methods of Service Integration
School-Linked Services Workshops
Grantmaker Workshops on Systems Reform.

**Topics addressed in part of one session**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence
Outcome assessment across disciplines
Political dynamics of systems change
School linked services as an interdisciplinary arena
Orientation to funding/fiscal issues.

**Internships/field placements**: Interdisciplinary placements available for some students only.

**Number of trainees/participants**: 100 undergraduate students, 20 masters students; over 1,000 have participated in continuing education workshops.

**Recruitment of trainees/participants**: Through contacts with local agencies.

**Recruitment of culturally diverse trainees/participants**: Have tried to recruit a diverse student group by working with community based groups; partially successful but needs continuing attention.

**Degree or formal certificate of participation**: Students receive degree from their own school. Masters level participants will receive formal certificate of participation.

**Current challenges facing the program**:

a. The need to help people understand the importance and urgency of what the program is doing; addressed by showing reports about the needs;
b. Obtaining non-categorical funding; and
c. Expanding from seven CSU campuses to all 20.

**Strategies to increase collaboration**:

a. Finding a supportive dean;
b. Developing a structure which does not divide departments.

**Major strengths of the program**:

a. It brings skills to school districts and communities and meets a real community need; and

b. Faculty members have become equipped to work with members of other faculties in new ways.

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5. **Communities For Collaboration, Child Welfare Training Center, California State University, Long Beach, California.**

**Type and location of program:** Interdepartmental university training program located in the Department of Social Work at California State University, Long Beach.

**Focus:** Multidisciplinary training program for undergraduate and graduate students preparing to become social work professionals, educators and nurses working with the public school system. This program evolved to meet the perceived need in the area for social services within the public school system and to promote professional collaboration between social work and educational systems.

**Professions/disciplines of instructors:** Social work, education, nursing.

**Professions/disciplines of trainees:** Education, social work, nursing.

**Start date:** September 1992.

**Funded by:** Fordham University 85%, California State University Long Beach (CSULB) Department of Social Work 15%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. California State University Schools of Education, Nursing, and Social Work have been involved in the curriculum development, joint planning, and joint evaluation of the training program and its students;
b. Local public school district administrators, public school placement supervisors, and community practitioners provide input on program design and implementation, and are responsible for evaluating student interns; and
c. Students in the training program complete course and field placement evaluations.

**Challenges in developing the program and strategies used to overcome challenges:**

a. Getting people to come together to establish common goals; successfully addressed with an open invitation for negotiation between various university departments;
b. Time demands because the program requires an ongoing process of coordination;

c. Power struggles; successfully addressed by relationship building and sharing of successes;
d. Developing field sites that will take multiple disciplines; addressed by outreach strategies with positive outcomes; and
e. Getting faculty to speak in a language understandable to all professions; resolved by meetings dedicated to understanding other disciplines.

**Participation of family members and/or consumers as instructors:** None.

**Interdisciplinary approach:** Interdisciplinary team teaching and joint field placement sites.

**Names of seminars, workshops or courses:**

- Inservice training workshops
- Reading for Secondary Schools
- School Social Work
- Multidisciplinary Supervision (weekly)

**Topics integrated throughout the training curriculum:**

- Interprofessional communication
- Interdisciplinary group process
- Interagency collaboration
- Parent-professional collaboration
- Consumer-professional collaboration
- Shared decision making
- Conflict management
- Cultural competence.

**Internships/field placements:** One hundred students participate in local public school placements each year.

**Number of trainees/participants:** Ten undergraduate and 90 graduate level students are placed in the local elementary and middle school placement sites each year.

**Recruitment of trainees/participants:** Recruitment is not necessary as students seek out the interdisciplinary collaboration offered in the training program.

**Recruitment of culturally diverse trainees/participants:** There are no special efforts to recruit culturally diverse participants, but CSULB has a large percentage of culturally diverse students.

**Degree or formal certificate of participation:** No formal recognition is given for participation in a multidisciplinary training program. Participants receive the formal degree of their profession upon completion of their studies.

**Current challenges facing the program:**

a. Getting faculty from other departments, particularly juvenile justice, law, and health, interested in the program; strategies have included:
   (1) outreach within the University; and
   (2) bringing Deans and Directors on board to positively influence process.

b. Finding time to place emphasis on both field and academic work; strategies adopted were these:
   (1) giving extra credits for students to assist in program development; and
   (2) modifying original curriculum vision to realistically meet the time needs of individuals.

c. Over-extended faculty; strategies to make workloads more manageable have included:
   (1) specifying faculty responsibilities;
   (2) prioritizing faculty goals;
   (3) seeking funding to free faculty from other commitments; and
   (4) having the university recognize and reward faculty for their efforts.

**Strategies to increase collaboration:**

a. Increasing the amount of time spent on collaboration in the field and in the classroom;
b. Developing collaboration models to be used in each program class; and
c. Planning more interdisciplinary courses.

**Major strengths of the program:**

a. Students are excited to learn collaborative skills; and
b. Faculty involved in the training program are very competent and committed.

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### 6. The Urban Families Initiative, California State University, Long Beach, California.

**Type of program**: University-community partnership developed with collaboration from Departments of Home Economics (Child Development and Family Studies, Nutrition and Consumer Affairs), Career Studies, Special Education, Social Work, Health Science; City of Long Beach; Center for Collaboration for Children at CSU Fullerton; and University of California at Los Angeles. Training program is based in Department of Home Economics.

**Focus**: Combines university instruction, research and service to address critical community needs in specific geographic areas; coordinates programs and services via family and neighborhood needs assessment; particular focus on immigrant families.

**Professions/disciplines of instructors**: Home economics, education, special education, health, social work.

**Professions/disciplines of trainees**: Home economics, criminal justice, child development and family studies, nutrition, consumer affairs, merchandising; all participants must be bi-lingual.

**Start date**: Urban Families Initiative began in 1992; training program began in 1993.

**Funded by**: Grants 75%, university funding 25%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Neighborhood Improvement Strategies Committee and Urban Families Task Force identified critical community needs. Consumers and family members gave input through interviews and questionnaires, focus groups, parent, neighborhood and task force meetings. Program staff attend neighborhood meetings;
b. Community professionals are active on the task force and staff are on their advisory councils; information is exchanged;
c. A city council member, a city government division director, a legislative analyst and the neighborhood improvement team have contributed to planning; and
d. Students are members of the task force and are active volunteers in the community.

**Challenges in developing the program**:

a. Lack of knowledge about the meaning and intent of collaboration; addressed by providing information and inviting all relevant people to meetings;
b. One of the target areas does not have any formal collaborative structure with schools and neighborhoods, while the other area has been easier to work in because it is already the site for a neighborhood improvement team; the program has needed to take a strong leadership role; and
c. Resource constraints have limited the amount of time faculty have been able to devote to the project; addressed by volunteering time and grant applications.

**Participation of family members and/or consumers as instructors**: Community workers and volunteers who are bilingual act as liaisons and mentors for students.

**Interdisciplinary approach**: Small group meetings and internships.

**Names of seminars, workshops or courses**:
The Consumer in the Community.

The program also did a teleconference on "Urban Families: Access to Opportunities" and produced two videos, one about collaboration and one about migration and immigration in Southern California which are available to other groups. There was a recent conference on collaboration and plans are being made for an annual conference.

**Topics addressed in one or more training sessions**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence

**Internships/field placements**: Two students in internship focused on collaboration.

**Number of trainees/participants**: Seven trainees plus 62 participants attended collaboration conference.

**Recruitment of trainees/participants**: Bilingual participants are sought in each department at the university

**Recruitment of culturally diverse trainees/participants:** The program recruit bilingual students only.

**Degree or formal certificate of participation:** Not yet; they will receive formal recognition in future.

**Current challenges facing the program:** Major budget cuts in the California state system require new developments to be funded from allocated funds and/or external funds; currently seeking long-term funding.

**Strategies to increase collaboration:** Enhanced involvement with family service agencies and city government.

**Major strengths of the program:**

a. Both the community and the university are better as a result of working together; and

b. The program is finding ways to provide low cost services to low-income immigrant families and to teach students to work with immigrants.

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### 7. University Affiliated Program in Developmental Disabilities and Chronic Medical Illness, University of California at Los Angeles, Los Angeles, California.

**Type and location of program:** Collaborative training program developed by the psychiatry, education, dentistry, nursing, occupational therapy, pediatrics, psychology, physical education, social work and special education programs. Located in Child Psychiatry Department.

**Focus**: Program provides interdisciplinary training for professionals to work with individuals with developmental disabilities.

**Professions/disciplines of instructors**: Psychiatry, education, dentistry, nursing, occupational therapy, pediatrics, dentistry, psychology, physical therapy, social work, special education, nutrition.

**Professions/disciplines of trainees**: Psychology, nursing, occupational therapy, physical therapy, dentistry, social work, education, special education, nutrition, social administration.

**Start date**: 1962.

**Funded by**: Combination of funds from the University of California, the State of California, the U.S. Department of Health and Human Services Administration for Developmental Disabilities, Maternal and Child Health Care and grants from private foundations.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers participate in the advisory board, advise on policy and helped to write grants;
b. Community professionals, community leaders and government officials reviewed the design and gave input at the request of program planners; and
c. Students participate in faculty planning meetings.

**Challenges in developing the program**: Obtaining adequate funding was the only challenge; addressed by writing grants.

**Participation of family members and/or consumers as instructors**: Family members teach a class in the core curriculum.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curriculum and also delivered through specialized classes and team teaching.

**Names of seminars, workshops or courses (examples)**:

The Chronically Medically Ill Child and Family
Psychopathology of Mental Retardation
Clinical Fieldwork in Developmental Disabilities and Chronic Illness
Dual Diagnosis
Special Education
Ethical and Legal Issues.

**Topics integrated throughout the training curriculum and addressed in field experience**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Participants work 20 hours per week on and off site. Off site internships include Head Start, residential care facilities and special schools.

**Number of trainees/participants**: Total 20: Five Masters students, 7 Ph.D. students, and 8 post M.Ds. All receive stipends of varying amounts.

**Recruitment of trainees/participants**: National recruitment. The program receives 100-200 applications per year for 20 slots.

**Recruitment of culturally diverse trainees/participants**: Have been successful in recruiting culturally diverse participants.

**Degree or formal certificate of participation**: Participants receive a formal certificate of participation.

**Current challenges facing the program**: No major challenges.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**: Meeting the needs of an under-served population in the community.

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8. **Schools Partnership Training Institute, Jewish Family and Children's Services Center, San Francisco, California.**

**Type and location of program:** Interdepartmental agency training program located in the Jewish Family and Children's Services Center in San Francisco, California.

**Focus:** To provide multidisciplinary cross-cultural training to educators and mental health and health practitioners who work in school settings. The program developed to supply mental health services to children in the public school system who have serious emotional disorders.

**Professions/disciplines of instructors:** Social work, psychiatry, psychology, pediatrics, education, special education.

**Professions/disciplines of trainees:** Psychology, education, special education, school administration, social work, psychiatry, pediatrics.

**Start date:** July 1992.

**Funded by:** Stewart Foundation 33%, Hauss Foundation 15%, Cawell Foundation 15%, San Francisco Foundation 15%, Walter S. Johnson Foundation 12%, nominal participation fees 10%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Feedback sheets, seminar evaluations, and participation surveys are completed by consumers, community professionals and practicum students; and
b. Verbal consumer input is sought by seminar faculty during seminars, classes and workshops.

**Challenges in developing the program:**

a. Conceptualizing how to departmentalize program components; addressed by using the pre-existing Jewish Family and Children's Services program structure;
b. Earning credibility within the state; successfully achieved through consistent state outreach and networking; and
c. Sustaining financial support; successfully overcome by agency administrators writing grants.

**Participation of family members and/or consumers as instructors:** None.

**Interdisciplinary approach:** Course planning, seminars, presentations and readings from different disciplines.

**Names of seminars:**

Joining Family, School and Community: The Context for Integration
Approaches to the Therapeutic Potential of Schools
School Restructuring and the School Linked Services Movement
The Evolution of School-based Clinical Program Models
The Context for Learning and Teaching: Involving Diverse Communities and Diverse Families
LEA Medical Billing Option
The Student Study Team Process and Intervention Strategies From the Base of the Schools
Practice Issues in School-based Services
Joining.

**Topics integrated throughout the training curricula:**

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements:** The program provides graduate student summer internships.

**Number of trainees/participants:** Each year the program trains 5 graduate students, 50 agency staff, 5 non-agency professionals, and 30 school district personnel for a total of 90 trainees.

**Recruitment of trainees/participants:** Active recruiting efforts include Healthy Start collaborative, accessing mailing lists, brochures, contracted presentations and referrals from professional agencies.

**Recruitment of culturally diverse trainees/participants:** Efforts to recruit culturally diverse trainees involve outreach to minority communities by diverse agency faculty and school district employees and community educators serving the Chinatown population.

**Major strengths of the program**: Meeting the needs of an under-served population in the community.

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### 8. Schools Partnership Training Institute, Jewish Family and Children's Services Center, San Francisco, California.

**Type and location of program:** Interdepartmental agency training program located in the Jewish Family and Children's Services Center in San Francisco, California.

**Focus:** To provide multidisciplinary cross-cultural training to educators and mental health and health practitioners who work in school settings. The program developed to supply mental health services to children in the public school system who have serious emotional disorders.

**Professions/disciplines of instructors:** Social work, psychiatry, psychology, pediatrics, education, special education.

**Professions/disciplines of trainees:** Psychology, education, special education, school administration, social work, psychiatry, pediatrics.

**Start date:** July 1992.

**Funded by:** Stewart Foundation 33%, Hauss Foundation 15%, Cawell Foundation 15%, San Francisco Foundation 15%, Walter S. Johnson Foundation 12%, nominal participation fees 10%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Feedback sheets, seminar evaluations, and participation surveys are completed by consumers, community professionals and practicum students; and
b. Verbal consumer input is sought by seminar faculty during seminars, classes and workshops.

**Challenges in developing the program:**

a. Conceptualizing how to departmentalize program components; addressed by using the pre-existing Jewish Family and Children's Services program structure;
b. Earning credibility within the state; successfully achieved through consistent state outreach and networking; and
c. Sustaining financial support; successfully overcome by agency administrators writing grants.

**Participation of family members and/or consumers as instructors:** None.

**Interdisciplinary approach:** Course planning, seminars, presentations and readings from different disciplines.

**Names of seminars:**

Joining Family, School and Community: The Context for Integration
Approaches to the Therapeutic Potential of Schools
School Restructuring and the School Linked Services Movement
The Evolution of School-based Clinical Program Models
The Context for Learning and Teaching: Involving Diverse Communities and Diverse Families
LEA Medical Billing Option
The Student Study Team Process and Intervention Strategies From the Base of the Schools
Practice Issues in School-based Services
Joining.

**Topics integrated throughout the training curricula:**

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements:** The program provides graduate student summer internships.

**Number of trainees/participants:** Each year the program trains 5 graduate students, 50 agency staff, 5 non-agency professionals, and 30 school district personnel for a total of 90 trainees.

**Recruitment of trainees/participants:** Active recruiting efforts include Healthy Start collaborative, accessing mailing lists, brochures, contracted presentations and referrals from professional agencies.

**Recruitment of culturally diverse trainees/participants:** Efforts to recruit culturally diverse trainees involve outreach to minority communities by diverse agency faculty and school district employees and community educators serving the Chinatown population.

**Degree or formal certificate:** No formal acknowledgement is awarded.

**Current challenges facing the program:**

Creating a collaborative relationship and eventual transfer of programmatic responsibilities to a university program; strategies to overcome include:
  (1) building collaborations with universities; and
  (2) meeting with deans of social work programs.

**Strategies to increase collaboration:**

a. Increasing university collaborations;
b. Program outreach to community professionals; and
c. Becoming involved in multiple graduate studies programs.

**Major strengths of the program:**

a. The creation of a local forum for dialogue between professionals of diverse disciplines;
b. A thorough and comprehensive cross-disciplinary curriculum;
c. Quality agency faculty/presenters;
d. The improvement of school-based services to children in the California public school system; and
e. Participants in the training program gain a background in innovative multidisciplinary school-based service delivery.

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### 9. Integrated Services Specialist Certificate Program, Department of Education, San Francisco State University, San Francisco, California.

**Type and location of program**: University partnership program with other California State Universities, public service agencies, the California Department of Education and local schools to train integrated services specialists to work in schools. Located in the Department of Special Education in the School of Education at SFSU.

**Focus**: To prepare qualified collaborative services personnel to work in local school districts currently implementing school restructuring and service integration reform plans.

**Professions/disciplines of instructors**: Education, special education, social work, psychology, nursing, medicine (adolescent health), public policy, public health, probation.

**Professions/disciplines of trainees**: Education, special education, social work, psychology, nursing, sociology, divinity.

**Start date**: 1992; funded to 1997.

**Funded by**: U.S. Department of Education, Office of Special Education 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Community professionals are members of the steering committee and have provided continuing input into program design and development; they also act as field instructors;
b. County, state and federal government officials have contributed to program planning; and
c. Students are members of the steering committee and provide input through their evaluations.

**Challenges in developing the program**:

a. Concern about cross-training and supervision, such as supervision of social workers by nurses; resolved because participants already have a degree and do not need the supervision hours;
b. Departmental turf addressed by identifying supportive faculty in each department and taking time to talk; and
c. Challenges related to the university bureaucracy and departmental structure and the need to influence curricula addressed by cross-listing existing courses and adding new ones.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curriculum and addressed by team teaching.

**Names of seminars and courses:**

Public Policy and Legal Rights of Persons with Disabilities
Diversity in Special Education: Family, Resources and Culture
Integrated and Collaborative Services for Children
The Changing Roles of School Professionals
Student Support Seminar.

**Topics integrated throughout the training curriculum and a focus of field placement**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration

Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Students take a 120-hour knowledge and skill-building practicum in a school-linked or school-based collaborative (second semester) and a 120-hour internship in the third semester in integrated services, which is an applied level field experience.

**Number of trainees/participants**: 15 per year; each receives a $10,000 stipend.

**Recruitment of trainees/participants**: By guest lectures in different university classes, student advisors making recommendations, mailings sent to human service agencies, and informal networking by students and consultants in the agencies.

**Recruitment of culturally diverse trainees/participants**: Have tried informally to recruit a diverse student group and have been moderately successful.

**Degree or formal certificate of participation**: Participants receive an Integrated Services Specialist certificate approved by the graduate senate representing all graduate schools.

**Current challenges facing the program**:

a. Recruitment of culturally diverse students; and
b. License requirements are a continuing challenge.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. Specialists gain the key skills to serve children, youth and families through an integrated services framework; and
b. The program prepares people to serve the community by discovering what is important to the community and training people to meet those needs.

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### 10. Yale Child Study Center Outpatient Clinic, Yale University, New Haven, Connecticut.

**Type and location of program:** The Outpatient Clinic is an intradepartmental training program located in the Yale Child Study Center, a training, clinical and research center in the Yale University School of Medicine.

**Focus:** A post-master's social work fellowship program which emphasizes advanced clinical training in evaluation and treatment of children and adolescents with serious emotional disorders and their families. Participants attend ten seminars while completing an intensive one year field placement.

**Professions/disciplines of instructors:** Social work, psychiatry, psychology, nursing.

**Professions/disciplines of trainees:** Social work, psychology, nursing, child psychiatry.

**Start date:** 1986.

**Funded by:** Connecticut Department of Children and Families 40%, outside grants 30%, consumer fees 30%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Design and implementation of training program and evaluation of program sponsored conferences by CASSP consumers and family members;
b. Program evaluation by trainees at regularly scheduled meetings with university deans and through completion of course evaluations; and
c. Evaluation of training program field placements by field instructors and trainees.

**Challenges in developing the program:** Obtaining initial funding for program; successfully achieved with persistent scheduling of meetings to present program needs to university administration.

**Participation of family members and/or consumers as instructors:** Family members and consumers discuss their needs with clinicians in the Parent Therapy Seminar.

**Interdisciplinary approach:** Cross-disciplinary in curriculum, field placements, faculty, and participants.

**Names of seminars:**

Family Therapy
Cross Cultural Competence for Clinicians
Continuing Case Conference on Child Psychotherapy
Psychoanalytic Psychotherapy With Children
Child Development Seminar
Normal Child Development: The Life Cycle
First Year Clinical Seminar
Departmental Conference
Intensive Family Therapy
Group Therapy Seminar.

**Topics integrated throughout the curricula and field placement experience:**

Inter-professional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence
Theories of oppression; power and control.

**Internships/field placements:** Social work fellows complete one-year field placements at the Yale Child Study Center and attend ten program seminars which focus on multidisciplinary collaboration.

**Number of trainees/participants:** Two undergraduate, 3 masters, 2 doctoral and 9 post-masters trainees participate in the training program each year.

**Recruitment of trainees/participants:** Recruitment efforts include advertising in publications such as NASW News and Hispanic Mental Health News, mailings, and outreach to schools of social work throughout the United States.

**Recruitment of culturally diverse trainees/participants:** Successful attempts to recruit culturally diverse participants include targeted outreach to African American schools and advertising in African American publications.

**Degree or formal certificate of participation:** A certificate of program completion is awarded to each fellow.

**Current challenges facing the program:** The program is currently trying to obtain financial assistance to replace grant monies which have expired and for which renewal grants are not available.

**Strategies to increase collaboration:**

a. Outreach to foundations which have previously supported programs serving children with serious emotional disorders and their families;
b. Seeking evaluation and input of children's mental health service needs by consumers and family members; and
c. Networking with Child Study Center and community professionals.

**Major strengths of the program:**

a. Program provides intensive multidisciplinary training in clinical services to children, adolescents and families from a racially, culturally, and ethnically sensitive perspective;

b. Participants gain collaborative skills through interaction with clinicians, community agencies, public child welfare systems, schools, hospitals, and the courts;

c. The program encourages the development of expertise in the clinical diagnosis of children and their families in the context of racial, ethnic and cultural diversity; and

d. Program faculty and field instructors are well trained and experienced in culturally competent clinical practice.

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### 11. Interdisciplinary Team Training for Mental Health Care in Rural Areas, American Psychological Association, Washington, D.C.

**Type and location of program**: Interdisciplinary training program developed in collaboration with American Nurses Association; Council on Social Work Education; and Departments of Psychology, Educational Psychology and Social Work, and College of Nursing at the University of Utah. Based at three rural sites: Jackson, Wyoming; Lame Deer, Montana; and Las Vegas, New Mexico.

**Focus**: Development of mental health training curriculum for nurses, psychologists and social workers to work together as interdisciplinary teams in rural areas. The curriculum will be published by the American Psychological Association in late 1994. The APA will also develop a manual and workbook to accompany the curriculum that will be marketed in rural areas.

**Professions/disciplines of instructors**: Psychology, social work, nursing.

**Professions/disciplines of trainees**: Psychology, social work, nursing.

**Start date**: 1993.

**Funded by**: U.S. Bureau of Health Professionals/Health Resources and Services Administration and the American Psychological Association.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers and community professionals were involved in planning, development and implementation at all three sites;
b. Community professionals are also members of the project advisory board; and
c. The state Psychological Association and city and county governments are involved at each site.

**Challenges in developing the program**: The only serious challenge was the need to locate an organizational entity to work with at each site; at Jackson, agreement was reached that the site be a hospital, in Montana, the site is a tribal college on the Cheyenne reservation, and in Las Vegas it is a state hospital.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curriculum and delivered through team teaching and specialized training sessions.

**Names of seminars, workshops or courses**:

Rural Culture and History
Rural Mental Health and Substance Abuse Problems
Relationship of Ethnic Culture to Rural Mental Health Services
Rural Health and Mental Health Disciplines
Rural Social Service Systems
Rural Health, Mental Health and Substance Abuse Service Systems
Community Paradigms and Preventive Strategies
Interdisciplinary Team Building
Conflict Resolution and Problem Solving

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence

**Internships/field placements**: A pilot practicum is being conducted at the Jackson site, but the project has not yet obtained funding for similar efforts at Lame Deer or Las Vegas.

**Number of trainees/participants**: The curriculum is currently being pilot tested by faculty and students from the University of Utah.

**Recruitment of trainees/participants**: Still in planning phase.

**Recruitment of culturally diverse trainees/participants**: There will be special efforts. The project sites were specifically selected to provide access to Hispanic and Native American populations.

**Degree or formal certificate of participation**: It will depend on the participants' professions and the needs of the community.

**Current challenges facing the program**:

a. The Bureau of Health Professionals initially asked that the project not include physicians and substance abuse problems, but changes have been made to include them in the curriculum; and

b. The project is under-funded so it is difficult to get people to do what they say they will do; addressed by reminders about the importance of the project and how much their participation is valued.

**Strategies to increase collaboration**: Staff created a project management committee, including a representative of the funding agency, to deal with conflicts as they arise; this was a very successful strategy.

**Major strengths of the program**:

a. The project is interdisciplinary;

b. The project has been developed on the basis of a literature search and also is based on real experiences and real problems at three rural sites; and

c. Funds are included in the grant for a health services researcher with a strong background in epidemiology to assess strengths, weaknesses and problems at each site.

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## 12. Multidisciplinary Clinical Training Program, Research and Training Center for Children's Mental Health, University of South Florida, Tampa, Florida.

**Type and location of program:** Interdepartmental university training program located in the Child and Family Studies Department of Florida Mental Health Institute; administered by the Research and Training Center for Children's Mental Health.

**Focus**: Graduate level multidisciplinary training program for graduate students to improve the preparation of professionals to serve children with serious emotional disorders and their families. Conceptually, the program was designed to embody the spirit and philosophy of the Child and Adolescent Service System Program (CASSP).

**Professions/disciplines of instructors**: Psychology, psychiatry, social work, nursing, education, special education.

**Professions/disciplines of trainees**: Psychology, social work, nursing, school psychology, medicine.

**Start date**: 1991 (three-year project funding).

**Funded by**: National Institute of Mental Health (now Substance Abuse and Mental Health Services Administration) 75%; university funds for tuition waivers 25%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**: None.

**Challenges in developing the program**:

a. Finding times for key collaborators to meet for planning and organizational purposes;
b. Developing common meeting times for faculty and students;
c. Developing practicum placements for students which met program criteria for clinical service programs based on the CASSP system of care model has been an continuing challenge;
d. The grant was cut, causing fiscal difficulties; resolved by university providing tuition waivers; and
e. Lack of existing curriculum; addressed by putting together a packet of readings and bringing in prominent speakers.

**Participation of family members and/or consumers as instructors**: Family members act as lecturers and make seminar presentations about their experiences in receiving services for their children; a parent is employed half-time, but not specifically for the clinical training program.

**Interdisciplinary approach**: Seminars, presentations and readings from different disciplines

**Names of seminars**:

Multidisciplinary Seminar on Systems of Care (monthly, open to students in related departments including Special Education, Public Health, Criminology, and Rehabilitative Counseling)

Multidisciplinary Clinical Seminar (monthly)
Multidisciplinary Research Seminar (every two weeks, open to faculty and graduate students from other departments and staff from practicum sites).

**Topics integrated throughout the training curriculum**:
Interprofessional communication.

**Topics taught in one or more class sessions**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence
Advocacy.

**Internships/field placements**: Not specifically focused on interprofessional training.

**Number of trainees/participants**: Two in M.S.W. program; 4 Ph.D. students in psychology and nursing. Trainees receive $8,000 stipend plus Ph.D. students receive tuition waiver.

**Recruitment of trainees/participants**: Departments nominate potential participants; then there is cross-departmental interview and selection process.

**Recruitment of culturally diverse trainees/participants**: Culturally diverse students have been sought but with limited success.

**Degree or formal certificate of participation**: No formal recognition. Participants receive the certificate associated with their specific professional training program.

**Current challenges facing the program**: How to continue interdisciplinary training now that the grant has finished; strategies are to develop a special interdisciplinary concentration in the special education doctoral program in Child and Family Policy and to seek grant funding.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**: Innovative preparation for students to enter public sector mental health services.

**13. YES Atlanta, Youth Experiencing Success, Atlanta, Georgia.**

Type and location of program: Training program for volunteers and practicum students developed in collaboration with Clark Atlanta University and Spellman University.

**Focus**: Training volunteers and students to build stronger communities by working with youth and families.

**Professions/disciplines of instructors**: Social work, psychology, recreation therapy, community workers.

**Professions/disciplines of trainees**: Psychology, social work, nursing, education, special education, law, sociology, social administration. Volunteers also include construction workers and mechanics, business people and company executives.

**Start date**: 1989.

**Funded by**: Private donations from individuals and companies, foundation grants.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers and family members participate in program design, planning and evaluation;
b. The program involves community professionals at the YMCA and Boys and Girls Club, and community leaders in Housing and the President's Association in design, planning, implementation and evaluation; and
c. Volunteer participants of all ages, from high schools and colleges, and from business and all parts of the community provided input in the development of the program.

**Challenges in developing the program**:

a. Administrative support; initially volunteers were used, and later a part-time administrator was hired; and
b. Funding; it took a year and a half to raise funds to pay for the first training program.

**Participation of family members and/or consumers as instructors**: Youth come to training sessions to speak about their experiences.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curriculum; interdisciplinary training is provided through specialized sessions and team teaching.

**Names of workshops**:

Committed Partner Training (12 month commitment to youth)
Production Team Training (To organize intensive youth retreat/camp)
Youth Enrollment Training (To work with communities, courts and agencies to recruit youth to participate in YES program)
Medical Day Organizers (Health issues)
Departure Day Training (Safety issues, violence, psychiatric clearance).

The program has produced videotapes from prior sessions to use in training.

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence
Community collaboration.

**Internships/field placements**: One semester, 2-4 hours per week at the agency.

**Number of trainees/participants**: 400 volunteers total, 3 practicum students per year.

**Recruitment of trainees/participants**: By universities, at youth enrollment sessions in communities, by current volunteers; also recruitment through cable TV and all local radio stations.

**Recruitment of culturally diverse trainees/participants**: Very positive results from advertising on radio stations with African-American audiences. The program also sets up information meetings in targeted culturally diverse communities, and reaches out to specific community groups and individuals.

**Degree or formal certificate of participation**: Volunteer participants receive a thank you letter.

**Current challenges facing the program**:

a. Difficult to evaluate the program as there are no funds for evaluation; currently being addressed by a search for a grant to pay for program evaluation;
b. Finding more volunteers is a constant challenge; addressed by going to the communities to set up meetings, arranging company meetings, providing information about the program needs; and

c. Funding is an ongoing challenge; the program collects funds from the community after presentations and makes grant applications.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. The program works to build stronger communities;
b. The training focuses on diversity;
c. Collaboration is strong; and
d. Staff are continually being trained.

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**14. The Georgia Academy for Children and Youth Professionals, Atlanta, Georgia.**

**Type and location of program**: Non-profit organization developed with public/private participation. Provides regular training to statewide agency staff working with children and families. Developed in collaboration with regional statewide committee with expert representatives of universities and private and public agencies.

**Focus**: Competency based interdisciplinary training for agency staff in child welfare, education, residential child care and others who work with children and families.

**Professions/disciplines of instructors**: Social work, psychology, education, masters in human resource specialist.

**Professions/disciplines of trainees**: Social work, psychology, nursing, education, law, sociology, social administration.

**Start date**: 1991.

**Funded by**: Private foundations 30%, public contracts 60%, purchase of service 10%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**: Consumers, family members, community professionals and leaders and government officials have input into the planning and design of the programs.

**Challenges in developing the program**: A fundamental challenge was the need for the state to recognize the importance of training and to direct resources so that interdisciplinary training can be provided; addressed by building alliances, developing a quality training program, and targeting line staff, supervisory staff and policy-level staff all together with the outcome of excellent training evaluations at all levels.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Combination of specialized training sessions and integrated throughout training sessions.

**Names of training modules (examples)**:
Family-Centered Practice
Community Collaboration
Cultural Responsiveness
Family-Centered Child Welfare Training
Leadership and Organizational Change.

**Topics addressed in an entire training module**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence

**Internships/field placements**: No.

**Number of trainees/participants**: 1,000 participants per month.

**Recruitment of trainees/participants**: Recruitment of staff and volunteers from organizations providing services to children and families through conferences, letters, word of mouth, marketing plan; training series is now mandated by agencies for their staff through contractual relationships.

**Recruitment of culturally diverse trainees/participants**: No special efforts.

**Degree or formal certificate of participation**: Certificate of participation given; a formal certification process is planned.

**Current challenges facing the program**:
a. Finding time to market the training programs in a planned way;
b. Helping agencies to understand the importance of working together for better outcomes for children and families; and

c. Managing the growth of the organization and scope of the training requests - strategies are to develop short and long-term plans, regular meetings and reviews of plans. Have implemented internal quality control.

**Strategies to increase collaboration**:

Internally all decisions are made in a participatory way so staff feel empowered.

**Major strengths of the program**:

a. As a public non-profit organization involved in training staff from multiple state agencies, it is one of the country's most unique organizations;

b. The program has helped to create a long-term systemic view of outcomes for children and families; and

c. There is an attempt to bridge the disciplines and focus on competency-based training.

### 15. Idaho Rural Interdisciplinary Training Project, Idaho Rural Health Education Center, Boise, Idaho.

**Type and location of program:** An interinstitutional training program involving eight universities and ten agencies in Idaho, the Idaho Rural Interdisciplinary Training Project is located at the Idaho Rural Health Education Center in Boise, Idaho.

**Focus:** To provide an opportunity for university students preparing for careers in health-related fields to acquire professional training and interdisciplinary learning in a multidisciplinary environment. Additional program emphases include the provision of culturally and ethnically diverse clinical experience and the development of community collaborations.

**Professions/disciplines of instructors:** Social work, counseling, nursing, family medicine, physician assistants, nurse practitioners, physical therapy, speech pathology/audiology, pharmacy, radiology.

**Professions/disciplines of trainees:** Nursing, nurse practitioners, social work, family practitioners, physician assistants, health, speech pathologists/audiologists, pharmacists, radiology technologists.

**Start date:** September 1991.

**Funded by:** Bureau of Health Professionals 100%.

**Input by community members into planning, design implementation and/or evaluation of the training program:**

a. Program advisory board membership by local clinic and hospital administrators and community health professionals; and
b. Program design and review by community leaders and local health professionals.

**Challenges in developing the program:**

a. Gaining commitment from the various professional disciplines; achieved by allowing each profession authority to modify the program as appropriate for their service delivery system; and
b. Coordinating schedules of agencies with university school calendar; achieved by maintaining flexibility and adjusting training program at specific program sites.

**Participation of family members and/or consumers as instructors:** Consumers of health and mental health services and their families do not participate as instructors in the training program.

**Interdisciplinary approach:** Interdisciplinary learning is achieved by engaging in specific multidisciplinary curriculum planning and course work, with interdiscipplinary program instructors, field supervisors, and students.

**Names of seminars, courses, and workshops:**

Student Orientation Videotape Series
Interdisciplinary Team Seminars
Interdisciplinary Practice in Rural Health Care
Computer Training.

**Topics integrated throughout the curriculum:**

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements:** Each program participant is placed in a clinical training site for periods up to nine months to acquire skills in their discipline as well as to fulfill requirements of the training program.

**Number of trainees/participants:** The program trains 54-60 health related professions annually.

**Recruitment of trainees/participants:** Students are recruited through educational program office. University offices exist in the departments of nursing and social work at Lewis-Clark State College, Boise State University, Idaho State University, University of Idaho, University of Washington, University of Utah, University of Wyoming, Gonzaga University and the University of Iowa.

**Recruitment of culturally diverse participants:** Culturally and ethnically diverse students are encouraged to apply and are recruited in each of the university training program offices.

**Degree or formal certificate of participation:** Students receive a certificate upon completion of the training program and field instructors receive plaques to display in program training sites.

**Current challenges facing the program:** Gaining long-term institutional support.

**Strategies to increase collaboration:**

a. Consensus at program meetings has been achieved by acknowledging each participant as a "full partner" in the program; and
b. Soliciting the local support of corporations in efforts to obtain computers for the training program; the program has been successful in obtaining five donated computers for use at rural training sites.

**Major strengths of the program:**

a. Students preparing for careers in health related fields are better prepared to practice in rural health care environments;
b. The professional recruitment pool for rural sites is enhanced;
c. Students completing the program gain increased employment opportunities due to program participation;
d. Existing rural health care practitioners increase their motivation through program participation;
e. Students preparing for careers in rural health care environments have exposure to computer technology which decreases the physical isolation of rural health care employment opportunities; and
f. After 3 years, 51% of RITP graduates are still practicing in rural Idaho communities.

### 16. Grant for Interdisciplinary Training for Health Care Professionals for Rural Areas, University of Osteopathic Medicine and Health Sciences, Des Moines, Iowa.

**Type of program**: Collaborative training program developed by College of Podiatric Medicine and Surgery, College of Osteopathic Medicine and Surgery and College of Health Sciences with the Indian Health Service. Located in health care facilities on the Omaha and Winnebago Reservations on the border of Iowa and Nebraska.

**Focus**: Residential internship program for interdisciplinary students in health-related fields on two Indian reservations. Began with focus on preventing limb amputations due to diabetes and over time has broadened to include general preventive health care with emphasis on understanding the impact of Native American cultures on health and treatment.

**Professions/disciplines of instructors**: Medicine, podiatric medicine, physician assistants, pharmacy, social work, psychology, diabetes educators, tribal leaders.

**Professions/disciplines of trainees**: Podiatric medicine, osteopathic medicine, physician assistants, pharmacy, physical therapy.

**Start date**: 1991; funded to 1994.

**Funded by**: Bureau of Health Professions 75%; university funds 25%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers and family members have input through tribal councils;
b. Tribal chairpersons and councils have direct input through advisory group;
c. Community and government health professionals are involved in supervising students and reviewing applications; and
d. Students provide information through their evaluations.

**Challenges in developing the program**:

a. There has been an ongoing effort to be sure that both Indian tribes are treated equally by working equally with both tribes, attending pow wows and other social events equally on both reservations, and providing equal amounts of health care; and
b. Obtaining funding for the program; resolved by a well-written grant application; however, there is now a need to secure funds to continue after the grant and it is hoped that the reservations and Indian Health Service will fund the physicians and residents, with the university paying fringe benefits.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Specialized field seminars. Students share common housing, an arrangement which promotes social interaction.

**Name of seminar**: Clinical rotation on reservation (one month minimum) with regularly scheduled interdisciplinary seminars on site.

**Topics addressed in the interdisciplinary seminar and field practice experience**:

- Interprofessional communication
- Interdisciplinary group process
- Interagency collaboration
- Parent-professional collaboration
- Consumer-professional collaboration
- Shared decision making
- Conflict management
- Cultural competence.

Cultural competence is also the focus of a separate discussion group.

**Internships/field placements**: All students participate in a one month minimum interdisciplinary residential internship on the reservation; post-graduate residents are placed for 12 months.

**Number of trainees/participants**: 45 total per year.

**Recruitment of trainees/participants**: At each of the colleges at the university, this is one choice among many for rotations.

**Recruitment of culturally diverse trainees/participants**: No special efforts.

**Degree or formal certificate of participation**: Students receive credit toward their degree and residency.

**Current challenges facing the program**: Securing future funding is the only challenge mentioned.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. It works and is cost effective; the program saves legs and lives, so there is great satisfaction; and

b. Students and residents are forced to collaborate during their time in the program, as they live together.

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### 17. National Resource Center on Family Based Services, School of Social Work, University of Iowa, Iowa City, Iowa.

**Type and location of program**: Collaborative training program with national and state organizations including the National Maternal and Child Health Resource Center, the Child Welfare League of America, Iowa Community Action, and Children's Services Division in Oregon.

**Focus**: Provides family-based training to direct service workers, supervisors, administrators and para-professionals provided on-site in all states and periodically on-campus. Objective is the development of innovative, high-quality family support, family development and family preservation services. Also provides technical assistance, research and information on family-based programs for human service agencies.

**Professions/disciplines of instructors**: Social work, psychology, nursing, pediatrics.

**Professions/disciplines of trainees**: Social work, psychology, nursing, education, special education, social administration, law, community action workers, para-professionals.

**Start date**: 1983.

**Funded by**: Grant from U.S. DHHS, Children's Bureau and training contracts with agencies.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers were members of the team which designed curriculum;
b. Community professionals assisted with writing and reviewing curriculum;
c. Government officials were involved in identifying needs and generating ideas; and
d. Program participants provide ongoing information though evaluations.

**Challenges in developing the program**:

a. Agencies and practitioners lack commitment to family-centered practice; addressed by treating participants as families should be treated and engaging them in the process of change;

b. Lack of funding, associated with the need to regularly update curricula; including development costs in charges to contractees;
c. Some organizations are looking for training as a way to fix inadequate systems; in response trainers talk with administrators about agency abilities to support staff; and
d. The challenge of interprofessional training bringing together people from different backgrounds is difficult unless you have a lot of time to do it right; each discipline wants and needs content and examples which apply to their particular practice.

**Participation of family members and/or consumers as instructors**: Family members were involved only once in presenting their experiences with the service delivery system.

**Interdisciplinary approach**: Interdisciplinary content integrated throughout curriculum and delivered through specialized training sessions and team teaching.

**Names of workshops (examples)**:

Family Centered Case Management
Intensive Family Services
Supervision of Family Centered Services
Training for Family Development Specialists and Supervisors
Working with Families with Substance Abuse Concerns
Family Reunification: Strengthening Family Connections
Effective Intervention with Battered Women and their Children
Multicultural Awareness in Family Based Services
Networking: A Personal, Organizational & Family-Focused Approach
Post-Adoption Family Therapy
Training of Trainers.

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: The National Resource Center on Family Based Services provides field placements for University of Iowa social work students.

**Number of trainees/participants**: An average of 2,000 per year (total over 9,000 in the last three and a half years).

**Recruitment of trainees/participants**: Marketing materials sent to agencies, word of mouth, conference presentations, newsletters.

**Recruitment of culturally diverse trainees/participants**: Composition of participant group is discussed with agency contact person.

**Degree or formal certificate of participation**: No; certification is attached to the Training for Family Development Specialists and Supervisors and the Training of Trainers.

**Current challenges facing the program**:

a. Uncertainty of funding, since training funds are "soft" money in many organizations, leading to sporadic business; will be addressed by a federal grant application or increased charges;

b. Competition with other training organizations; strategies are to develop a distinct focus which is different from others, and to anticipate market trends.

**Strategies to increase collaboration**: New grant proposal includes collaboration between family preservation (NRC/FBS) and family support (Family Resource Coalition) for a Family-Centered Services Resource Center.

**Major strengths of the program**:

a. Participants are trained to do good human services practice that will ultimately benefit families; and

b. The program provides leadership in a new direction for human services training.

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## 18. Creative Communication, Benton County Mental Health, Vinton, Iowa.

**Type and location of program**: Continuing education program developed within the community mental health center. Began as a mental health system training grant with input from mental health staff, consumers and CASSP professionals.

**Focus**: Training for professionals to provide crisis intervention and family-centered, community-based services to families with "difficult" children. Focus is on communication skills.

**Professions/disciplines of instructors**: Social work, psychology, family therapists, consumers.

**Professions/disciplines of trainees**: Psychology, nursing, social work, education, special education, law, sociology, social administration, counseling, marriage and family therapy.

**Start date**: Started informally in 1986, formally in 1991.

**Funded by**: Agency budget 75%, user fees 25%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. The advisory board includes consumers and family members; consumers and family members also participate as trainers; and
b. Community professionals and government officials contribute to program evaluation.

**Challenges in developing the program**:

a. Finding the time to design and develop the training program; addressed by creating an advisory board, working outside regular hours, and incorporating principles of brief intervention into the administration - program was successfully implemented;
b. Challenges related to a small mental health center attempting to act at the state level; strategies were the design and dissemination of the written program design and involvement with key groups at the state level which led to gradual acceptance;
c. The need to change assumptions about mental health center philosophy from a medical model to a service model; advisory group members were personally involved with work groups and communities and this led to gradual change as knowledge grew; and
d. Funding needs were met by writing grants and charging user fees.

**Participation of family members and/or consumers as instructors**: Parents are recruited through Iowa Parent to Parent and the Federation of Families for Children's Mental Health. They provide problem descriptions from the consumer perspective.

**Interdisciplinary approach**: Combination of specialized training sessions, team teaching and content integrated throughout the curriculum.

**Names of seminars and workshops**:

Basic Creative Communications Seminar (15 contact hours)
Advanced Creative Communications Training (10 hours)
Contextual Behavior Training (5 hours)
Organizational Context Assessment (5 hours)
Overview of Creative Communications Concepts and Assumptions (5 hours).

**Topics integrated throughout the entire training**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: No.

**Number of trainees/participants**: 200 professionals per year, 50 consumers and family members per year, 2-4 undergraduate and graduate students in field placement.

**Recruitment of trainees/participants**: Program announcements, public relations announcements, invitations to other agencies, consumer and advocacy organizations on a statewide/regional level.

**Recruitment of culturally diverse trainees/participants**: No special efforts.

**Degree or formal certificate of participation**: Continuing education credits.

**Current challenges facing the program**:

a. Increasing professional orientation to community responsive practice; strategies have been to broaden the base of involvement and rely more on consumers as trainers but the outcome is not yet known; and
b. Recruitment of participants is difficult because so many training programs are competing; addressed by public relations strategies and attempting more personal involvement at state and regional levels.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. The program is broadly inclusive, linking professionals and family members; and
b. It is not tied to any specific discipline and is appropriate for all levels of expertise.

### 19. Kentucky Impact, Department of Mental Health, Frankfort, Kentucky.

**Type and location of program:** Kentucky Impact is a collaborative agency program which involves six state departments. The training program is located in the Kentucky Department of Mental Health in Frankfort, Kentucky.

**Focus:** To coordinate state service delivery systems to more effectively serve children with severe emotional disabilities. Program emphasis surrounds the creation of formal mental health collaborations throughout the state by developing professional multi-disciplinary teams.

**Professions/disciplines of instructors:** Social work, psychology, organizational studies, American studies.

**Professions/disciplines of trainees:** Psychology, nursing, social work, education, special education, sociology.

**Start date:** June 1991.

**Funded by:** Kentucky Department of Mental Health 96%, Robert Wood Johnson Foundation 4%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Program planning participation, regional committee and state advisory council representation by family members; and
b. Program planning participation and state advisory council membership by community professionals.

**Challenges in developing the program:**

a. Developing the initial program practice methodology from program conception; successfully achieved with creation of a concise program model which was continually modified to fit practice needs; and
b. Lack of program staff; basic administrative staff now available, follow up staff pending.

**Participation of family members and/or consumers as instructors:** Consumers and family members do not participate as program instructors.

**Interdisciplinary approach:** Professionals from six state departments and various professional disciplines collaborate on program administration, curriculum development, and coordination of multidisciplinary course content, instructors, and trainees.

**Names of seminars, courses or workshops:**

Certification Training
Team Building: Whose Job Is It Anyway?
Service Coordination: Team Building on the Ropes
Topical Team Building Quarterly Seminar.

**Topics Integrated Throughout the Curriculum:**

Team building skills
Parent professional collaboration
Consumer professional collaboration
Interprofessional communication
Interdisciplinary group process
Shared decision-making
Interagency collaboration.

**Internship/field placements:** Field placements do not exist in the training program as all program participants are state employees, community professionals or family members.

**Number of trainees/participants:** Last year the program trained approximately 502 individuals: 300 interagency staff, 100 parents and 100 professionals from mental health social services and education.

**Recruitment of trainees/participants:** State service coordinators, resource coordinators, children's services coordinators and social service coordinators are required to attend by their employer, the Department of Mental Health. Family members are encouraged to attend. Program participation is also encouraged regionally.

**Recruitment of culturally diverse trainees/participants:** Recruitment of culturally diverse participants exists on the local level throughout Kentucky.

**Degree or formal certificate of participation:** A formal certificate of program training, signed by the Commissioner of Mental Health and Mental Retardation and the Commissioner of Social Services is presented to each participant following completion of training.

**Current challenges facing the program:**

a. Obtaining work releases for participants; currently being addressed through the training program's strategic planning process;
b. Finding opportunities for program participants to utilize their skills to increase the amount of support provided among local communities; currently being negotiated with the development of a programmatic strategic plan; and

c. Increasing the amount of training provided within the program; presently being addressed by efforts to increase program funding.

**Strategies to increase collaboration:** Establishing program meetings to increase communication among the state departments involved in the training program, state employees, community professionals and family members.

**Major strengths of the program:**

a. The training program provides professionals and family members who coordinate services for children a framework in which to work;
b. The visionary focus of the training program strives to increase family and professional team building, allowing for more significant family involvement; and
c. Kentucky service delivery systems are more efficient with consumers of services receiving more appropriate services.

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### 20. Training Interagency Teams to Serve Children with Emotional and Behavioral Disorders, Office of Mental Health, Baton Rouge, Louisiana.

**Type and location of program**: Collaborative agency-based training program developed by the Offices of Mental Health, Youth Development, Community Services, Services to Developmental Disabilities, Education and Special Education. Located in the Office of Mental Health main office and in county parishes.

**Focus**: Developed by agency service coordination program to bring wraparound services to Louisiana. Areas of focus are cultural competency, crisis intervention and collaboration. Initially the program was piloted in three parishes and now trainings are being requested in all parts of the state.

**Professions/disciplines of instructors**: Social work, psychology, mental health professionals, school teachers and principals, parents.

**Professions/disciplines of trainees**: Psychology, social work, education, special education, law, sociology, social administration.

**Start date**: September 1993.

**Funded by**: Louisiana Special Education Grant 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Federation of Families members and other consumers and parents are on the advisory board and have input into the whole program, including evaluation; and
b. Community professionals and community leaders are members of the advisory board and community professionals participate as trainers.

**Challenges in developing the program**: Getting all the agencies to work together; successfully addressed through the work of the advisory board and by having lots of meetings.

**Participation of family members and/or consumers as instructors**: Consumers are involved as trainers and as advisory board members.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the training curriculum and is also delivered through specialized training sessions and team teaching.

**Names of seminars, workshops or courses**:

Cultural Competence Awareness Workshop
Needs Assessment
Behavior Management Training
Family Support with Collaborative and Wraparound Services
Crisis Prevention and Response.

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent professional collaboration
Consumer professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: An M.S.W. student is presently on staff and serving as the project coordinator.

**Number of trainees/participants**: 45 agency staff; 6 family members.

**Recruitment of trainees/participants**: Staff from state agencies and their clients are recruited. Family members are also recruited through the Federation of Families. Family members are paid a stipend from the grant.

**Recruitment of culturally diverse trainees/participants**: There are no special efforts. Culturally diverse groups have automatically emerged because of the ethnic make-up of two of the parish staffs.

**Degree or formal certificate of participation**: Participants receive certificates of participation.

**Current challenges facing the program**: None.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. The program is leading to better use of resources because there has been a reduction in the need for multiple assessments and evaluations of the same clients by different agencies;
b. There is better networking between agencies and a reduction in animosity between agency staff members;
c. Clients, especially culturally diverse clients, are better served; and
d. The grant provides a "train the trainers" approach so that team members are trained to train other teams in neighboring sites.

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### 21. Bureau of Children With Special Needs Training Program, Bureau of Children With Special Needs, Bath, Maine.

**Type and location of program:** An interinstitutional agency program located in the regional office of the Bureau of Children With Special Needs in Bath, Maine.

**Focus:** To train early intervention professionals in Maine on collaborative, family-centered service delivery to special needs children and their families. The program was created to meet federal requirements specified in the Individuals with Disabilities Act, section H, which outlines mandated service provisions for special needs children from birth to two.

**Professions/disciplines of instructors:** Pediatrics, physicians, social work, education, special education, nursing.

**Professions/disciplines of trainees:** Nursing, social work, psychology, education, special education, social administration, occupational therapy, physical therapy, speech therapy.

**Start date:** December 1992.

**Funded by:** Part H, Federal Individuals With Disabilities Act grant 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Training for instructors, assessment and evaluation of program services, and program subcommittee membership provided by parents and family members;
b. Community assessment of needs, advisory board participation, and program instructors who are community mental health professionals; and
c. Program sub-committee membership by community leaders, university faculty and government officials.

**Challenges in developing the program:**

a. Dividing program service responsibilities; addressed by coordination and implementation of shared power strategies;
b. Communicating the service requirements to special needs children with state leaders; efforts to raise awareness continue;
c. Lack of reimbursement to parents for training time and expenses; successfully addressed with appeals to funding sources for parent reimbursements;
d. Insufficient secretarial support; adequately addressed with the state providing secretarial personnel in a distant state office; and
e. Lack of available child care resources.

**Participation of family members and/or consumers as instructors:** Family members and consumers are involved as training instructors and program training committee members.

**Interdisciplinary approach:** The training program is interdisciplinary in curriculum, program faculty and state department participants,

**Names of seminars, courses, or workshops:**

Training in Infant Mental Health
Training in Children With Special Needs
First Start For Child Care Providers
Second Step
AIMS Assessment Training Seminar
Family Focus Training Seminar.

**Topics Integrated Throughout the Curriculum:**

Interagency collaboration
Parent professional collaboration
Consumer professional collaboration

Interprofessional communication
Interdisciplinary group process
Shared decision-making.

**Internships/field placements:** Field placements are offered by the training program, though participants of the program are employed by community mental health organizations or one of the following state institutions: the Department of Mental Health and Mental Retardation, the Department of Human Services, the Department of Education, the University of Maine or the University of Southern Maine.

**Number of trainees/participants:** Each year the program trains 145 state department personnel, 200 non-state department personnel and 20 family members, for an annual total of 365 participants.

**Recruitment of trainees/participants:** Program recruitment efforts include state agency staffings, parent newsletters and Bureau of Children with Special Needs training notification, and professional networking.

**Recruitment of culturally diverse trainees/participants:** In addition to general recruitment efforts, efforts to recruit culturally diverse participants involve written communication with two Native American reservations.

**Degree or formal certificate of participation:** Program participants receive continuing education credit hours as well as individual certificates.

**Current challenges facing the program:** Proposed changes in program administration from the Bureau of Children with Special Needs to the State Department of Education; currently being addressed by increased communication with parent groups.

**Strategies to increase collaboration:**

a. Construction of charts and diagrams to help visualize service difficulties throughout state service continuum; and
b. Creation of sub-committees to address specific program difficulties in a pro-active and less personal manner.

**Major strengths of the program:**

a. Parents and family members are involved in each phase of training program;
b. Interdepartmental planning and service provisions have encouraged the creation of several multidisciplinary collaborations;
c. Collaborations created by the training program have clarified the needs of service delivery systems for children with special needs; and

d. State and community mental health employees participating in the training program gain skills which allow them to work most effectively with families with disabilities.

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## 22. Center for Multicultural Training in Psychology, Boston City Hospital, Boston, Massachusetts.

**Type and location of program:** Agency-university collaborative program. APA-approved one year clinical internship in psychology based in the Division of Psychiatry, Boston Hospital.

**Focus:** Training psychologists to better serve disenfranchised populations, particularly African-American, Latino, Asian-American and Native American (ethnic minority) populations.

**Professions/disciplines of instructors:** Psychology, psychiatry, social work, pediatrics.

**Discipline/profession of trainees:** Psychology.

**Start date:** 1972.

**Funded by:** Federal funds 30%, agency budget 20%, contracts with community agencies 50% (originally 100% federally funded).

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Feedback to interns by consumers and family members;
b. Mini-network meetings with community professionals; individual supervision three times per week;
c. Written evaluation for SAMHSA; and
d. Program evaluation by interns.

**Challenges in developing the program:**

a. No models for the program design existed; the program evolved based on expressed community needs, not professional ones necessarily; and
b. Finding funding sources; as a strategy, an unfunded pilot program was developed and trainees came originally as volunteers; this was successful but funding is an ongoing concern and the funded places have been cut from 12 to 3 and staff cut from 4 FTE to 3 FTE.

**Participation of family members and/or consumers as instructors:** No.

**Interdisciplinary approach:** Training has interdisciplinary presenters and content; interprofessional/interdisciplinary content is delivered in specialized training sessions and also integrated throughout the curriculum.

**Names of interprofessional seminars, workshops or courses (required):**

Cross-Cultural Psychotherapy
Adult Assessment
Child Psychological Assessment
Clinical Seminar
Clinical Research.

Also offer interdisciplinary conferences, such as Latino Mental Health and the Latino Community.

**Topics integrated throughout the training curriculum:**

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Shared decision making
Cultural competence.

**Internships/field placements:** 3 interns each placed at a community health center for 12 months half-time clinical psychology training and 12 months half-time at Boston City Hospital (one year full-time program).

**Number of trainees/participants:** 3 interns plus 100-150 per year at training workshops/conferences.

**Recruitment of trainees/participants:** Formal recruitment through American Psychological Association (APA) and Association of Psychology Postdoctoral and Internship Centers (APPIC) and from psychology graduate schools. Interns must be at least third-year students in Doctoral Psychology program; must provide references and sample of written work.

**Recruitment of culturally diverse trainees/participants:** 85% of trainees have been ethnically diverse; recruited through networking and encouraging potential participants to apply.

**Degree or formal certificate of participation:** Hospital certificate; program certificate of hours of training (1600 hours) acknowledged to help in license application.

**Current challenges facing the program:**

a. Fiscal challenges; addressed by grant applications; and
b. Challenge to serve truly disenfranchised populations in the context of managed care; addressed by advocacy as a profession.

**Strategies to increase collaboration:**

a. Joint meetings have been very successful;
b. Successful mini-network meetings have increased power of interns and community health clinics; and
c. Course and curriculum evaluations have been moderately successful.

**Major strengths of the program:**

a. Training psychologists (and other professionals at conferences) in cultural competence and ethical values; and
b. Serving communities which continue to be under-served and under-represented in health care services.

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### 23. Interdisciplinary Project on Child Abuse and Neglect, University of Michigan Family Assessment Clinic.

**Type and location of program:** Interinstitutional and interdepartmental university training program located in the social work center building on the University of Michigan campus. Collaborating departments include the schools of law, social work, medicine and education, and the departments of psychology and psychiatry.

**Focus:** Graduate level multidisciplinary training program specializing in child welfare. Emphases of the program are child maltreatment and children's mental health issues. Concentration is on preparing practitioners who are well trained in child maltreatment.

**Professions/disciplines of instructors:** Social work, counseling, education, special education, law, medicine, pediatrics, psychiatry, psychology.

**Professions/disciplines of trainees:** Social work, psychiatry, medicine, education, special education, law.

**Start date:** 1976.

**Funded by:** Outside grant 60%, University of Michigan 40%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Review of program design, implementation and evaluation by NIMH and the program funding sources;
b. Curriculum input by the State Department of Social Services, juvenile court system, community clinicians, field instructors, university faculty and students; and
c. Program evaluation contained in doctoral student research dissertations.

**Challenges in developing the program:**

a. Different school calendars existed among departments with the University; addressed by modification of schedules and coordinated interdisciplinary seminars;
b. Competing status among various parts of the University; addressed by attaining jointly appointed faculty;
c. Maintaining consistent funding; successfully overcome with a concentrated consistent grant writing effort; and
d. Differences in professional ethics and personality differences; addressed by meetings to discuss establishing primary discipline involvement within general case categories.

**Participation of family members and/or consumers as instructors:** None.

**Interdisciplinary approach:** Interdisciplinary course planning, team teaching, joint teaching, and sequential teaching.

**Names of seminars, workshops or courses:**

Interdisciplinary Team Training
Interdisciplinary Seminar in Child Abuse and Neglect
Medical Identification of Child Maltreatment
Community Coordinated Intervention in Child Sexual Abuse
Continuing Education in Medicine
Court Interventions in Child Sexual Abuse
Sexual Abuse of Children: A Victim Centered Approach.

**Topics integrated throughout the training curriculum:**

Interprofessional communication
Interagency collaboration
Interprofessional child maltreatment collaboration
Consumer-professional collaboration
Shared decision making
Ethical perspectives
Cultural competence.

**Internships/field placements:**

a. Social work students for 10 or 20 months;
b. Law Clinic internships for 9 months; and
c. Medical student clinic internships for 3 or 6 months.

**Number of trainees/participants:** 26 masters and doctoral student interns per year.

**Recruitment of trainees/participants:** Numerous students are recruited due to the availability of research assistantship grants. In addition, the training program's SAMHSA grant and State Department of Social Services and University funding allows for stipends to be distributed to four masters level and two doctoral level students.

**Recruitment of culturally diverse trainees/participants:** At this time no special efforts are made to recruit culturally diverse students.

**Degree or formal certificate of participation:** A certificate of completion is awarded.

**Current challenges facing the program:** Effects of stress on participants and faculty in program consistently addressing overwhelming sexual abuse cases; strategies include:

(1) support groups for staff and students; and
(2) paying staff to attend support groups.

**Strategies to increase collaboration:** Increasing opportunities for interdisciplinary communication.

**Major strengths of the program:**

a. Increased knowledge and interdisciplinary experience with issues related to child maltreatment and neglect;
b. Multidisciplinary faculty and students are able to discuss child maltreatment issues from a broad perspective; and
c. The pool of adequately trained professionals is increased.

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**24. Family Support Promotion Project, Lansing, Michigan.**

**Type and location of program**: Agency-based training program for families, line staff, administrators and board members of community mental health programs with team approach. Day-long training session offered at multiple sites around the state.

**Focus**: Training to promote the provision of family-centered support by community mental health programs. Major emphasis on improving partnerships between parents, professionals and board members at community mental health agencies. Focus on mental health and developmental disabilities.

**Professions/disciplines of instructors**: Social work, consumer advocates.

**Professions/disciplines of trainees**: Psychology, nursing, social work, education, special education, social administration.

**Start date**: 1991; funded to 1993.

**Funded by**: Michigan Developmental Disabilities Council funded via the Michigan Association of Community Mental Health Boards.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Development of program was based on study findings by Developmental Disabilities Council that family support was being defined too narrowly;
b. Family members and community professionals are involved as advisory committee members and trainers, and contributed to planning and evaluation; and
c. Community mental health board members contributed to planning and evaluation.

**Challenges in developing the program**: Helping the Michigan Community Mental Health Board Association to see family support as important, since they were used to focusing on adults; the outcome has been positive and the board is now focusing more on prevention and early intervention.

**Participation of family members and/or consumers as instructors**: Yes, parents are involved as co-trainers.

**Interdisciplinary approach**: The training content is delivered in a specialized one day in-service training session.

**Name of workshop**: Family Support in the 1990s and Beyond.

**Topics incorporated in the training curriculum**:

Interprofessional communication
Family support philosophy
Interagency collaboration
Parent-professional collaboration
Shared decision making
Cultural competence.

**Internships/field placements**: No.

**Number of trainees/participants**: Total 208; fifty-one participants were parents and 157 were board members and staff from community mental health programs.

**Recruitment of trainees/participants**: A flyer was sent with an explanatory letter to all 55 community mental health boards in Michigan. Local training days were scheduled as the boards indicated interest. Other mailings were then sent to encourage participation, agencies were contacted by telephone, and local family support coordinators actively promoted interest in the training. The training was also advertised at mental health conferences and in newsletters and Developmental Disabilities Council mailings to parents.

**Recruitment of culturally diverse trainees/participants**: No special efforts.

**Degree or formal certificate of participation**: Certificate of attendance and commitment to a personally set goal of improving some aspect of the Community Mental Health Family Support Program.

**Current challenges facing the program**: None.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. Administrators, board members staff and families come together as a team; and
b. The program has facilitated changes within community mental health practices without spending more money.

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### 25. Center for Children, Families and the Law, University of Nebraska, Lincoln, Nebraska.

**Type and location of program**: Interdisciplinary training program developed as a separate department within the College of Arts and Sciences. Joint program developed by Department of Psychology and College of Law in collaboration with College of Human Resources, Teachers' College, School of Social Work and several units of the University of Nebraska Medical Center.

**Focus**: To educate, conduct research, analyze policy, and provide community service related to children, families and the law; to strengthen and empower families and enhance the development and growth of children and youth. Provides consultation and training at international, national, state and local levels.

**Professions/disciplines of instructors**: Psychology, law, social work, pediatrics, nursing, special education.

**Professions/disciplines of trainees**: Psychology, law, social work, education, special education, public administration.

**Start date**: 1987.

**Funded by**: Title IV-E federal funds 70%, other grants and contracts 25%, University of Nebraska 5% (partial salary of director).

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. University faculty and leaders took primary roles in developing the program; and
b. Community professionals, community leaders and government officials provided consultation on program design and development.

**Challenges in developing the program**:

a. Fitting into the university structure; originally the program was a branch of law and psychology, but after gaining a broad base of support from various departments and approval from the Board of Regents, a separate department was formed;
b. Turf issues; successfully addressed by discussions, developing credibility as a program by holding public seminars; and
c. Funding; the program is utilizing Title IV-E funds.

**Participation of family members and/or consumers as instructors**: Foster parents are recruited to present at seminars.

**Interdisciplinary approach**: Specialized classes and team teaching.

**Names of inservice training workshops (examples - individualized to meet agency needs):**

Legal Issues -- Working with the Courts
Family Crisis Intervention
Family Preservation
Informal Support Systems
Interfacing with Mental Health
Client Advocacy

School Linked Services
Special Needs Parents.

**Topics addressed in one or more seminar**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management.

**Internships/field placements**: No.

**Number of trainees/participants**: Many continuing education participants (exact number not known), 3 post-doctoral fellows, 10 Ph.D. students, 3 masters students, 4 undergraduate students (graduate level students receive $8-10,000 stipend per year, post-doctoral receive $25,000/year).

**Recruitment of trainees/participants**: National advertising.

**Recruitment of culturally diverse trainees/participants**: The program tries to attract a diverse participant group. Approximately 3-5% of staff and students are people of color.

**Degree or formal certificate of participation**: Continuing education credits.

**Current challenges facing the program**:

a. Maintaining the autonomy of the program, so that it is not co-opted; and
b. Challenge of managing a rapidly growing program (there has been a large increase in faculty and staff, from 1.5 FTE to 20 FTE); addressed by compartmentalizing responsibilities, hands-off management style and weekly staff meetings.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. This is the only program doing broad-based research, policy analysis and training related to children, families and the law; and
b. Most faculty are part-time and bring in applied experience from the other parts of their jobs.

### 26. Family Preservation Institute Continuing Education Program, School of Social Work, Rutgers University, New Brunswick, New Jersey.

**Type and location of program**: Continuing education program for professionals working with families whose children are at risk of being removed from home by child protective services, juvenile justice or mental health services. Developed in collaboration with the state Division of Youth and Family Services and expanded to work with New York and Connecticut agencies. Located in the School of Social Work.

**Focus**: The Institute offers a series of workshops for practitioners at basic and advanced levels focused on helping workers develop the knowledge and skills to engage families in home-based, short-term intensive work to strengthen families and prevent removal of children.

**Professions/disciplines of instructors**: Social work, psychology, pediatrics, education, special education.

**Professions/disciplines of trainees**: Social work, psychology, education, special education, law, social administration, police, probation.

**Start date**: 1989.

**Funded by**: New Jersey Division of Youth and Family Services 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Community professionals are involved in program design, implementation and evaluation;
b. The state senate passed a bill mandating family preservation by trained workers, and therefore agency executives participate in training once a year; and
c. The Commission of Human Services and Director of Youth and Family Services have been involved in planning.

**Challenges in developing the program**: Fiscal challenge related to desire to keep tuition free to participants and requirement that the program become self-reliant after 2 years' seed money; addressed by shift from residential training to day workshops, trainers traveling to sites rather than trainees coming to the university, but a continuing struggle.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Specialized training sessions, team teaching.

**Names of workshops**:
- Cultural Diversity Practice
- Substance Abuse
- Sexual Abuse
- Crisis Intervention
- Parenting Skills
- Anger Management.

**Topics integrated throughout the training curriculum**:
- Interagency collaboration
- Advocacy skills
- Making community linkages
- Mediation on behalf of families
- How to work with other systems
- Brokering services.

**Internships/field placements**: No.

**Number of trainees/participants**: 90.

**Recruitment of trainees/participants**: Agencies recruit participants from their staff.

**Recruitment of culturally diverse trainees/participants**: The program targets agency workers who reflect the client population.

**Degree or formal certificate of participation**: Certificate of completion after 10 days of training, also an advanced certificate.

**Current challenges facing the program**:

a. Recruitment of high quality trainers at low rates of reimbursement is a continuing challenge;
b. Developing a common language; addressed by ongoing meetings and discussion, keeping goals in sight and being clear about the program purpose; and
c. Tension related to other groups involved in family preservation training and competition for ownership of the model.

**Strategies to increase collaboration**: Identifying problems and discussing.

**Major strengths of the program**:

a. Working with a variety of people has broadened the perspectives of instructors and helps to broaden the perspectives of trainees; and
b. They are focused on meeting a new and growing service demand - for family preservation training.

## 27. Family Preservation Institute, Department of Social Work, New Mexico State University, Las Cruces, New Mexico.

**Type and location of program**: The Family Preservation Institute is administered by the Department of Social Work and serves as a national center for the dissemination of family preservation knowledge and skills at all levels of practice, supervision, program development and policy.

**Focus**: The Institute provides specialized training in family preservation within the MSW program and at other training sessions and conferences, technical assistance focused on family preservation and cultural competence in policy formulation, program development and practice skills, curriculum modules and monographs, and program evaluation and research.

**Professions/disciplines of instructors**: Social work, education.

**Professions/disciplines of trainees**: Social work, psychology.

**Start date**: 1990.

**Funded by**: Initially a federally funded pilot program; now primarily self-supporting.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Community professionals and government officials are members of the Advisory Board; and
b. Students give input on curriculum modules through evaluation process.

**Challenges in developing the program**:

a. Communication and collaboration to identify and meet regional needs; a successful strategy was the development of an interagency advisory group with representatives from Region VI (Arkansas, Louisiana, Oklahoma, Texas and New Mexico) which has considerable input; and
b. Ongoing funding to produce pertinent products and to diversify; successfully addressed.

**Participation of family members and/or consumers as instructors**: Foster parents are included as trainers in family reunification training modules. Students are asked to evaluate training materials. Consumers present workshops at the national conferences.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curricula and presented by team teaching.

**Names of workshops and skill development curriculum modules (video tape, interactive study guide and trainer's guide)**:

Orientation to Family Preservation
A Family Preservation Approach to Engaging Families
Assessing and Using Family Strengths
Developing and Using Quality Plans with Families
Teaching Families New Skills
Cultural Competence.

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Yes, within the Department of Social Work.

**Number of trainees/participants**: Training materials are sent to agencies across the country for use with groups of various sizes.

**Recruitment of trainees/participants**: Agencies request training materials; conference brochures are distributed nationally.

**Recruitment of culturally diverse trainees/participants**: Special efforts are made to include culturally diverse presenters and trainers at conferences and workshops.

**Degree or formal certificate of participation**: Continuing Education Units.

**Current challenges facing the program**:

a. Gaining input from across the region and keeping focused on common goal; addressed by getting people involved in planning;
b. Ongoing funding; and
c. Expansion; moving more into continuing education and reaching a broader national audience.

**Strategies to increase collaboration**: Ongoing focus of the work of the advisory board.

**Major strengths of the program**:

a. Successful development and dissemination of information on skill building in family preservation;
b. The program has fostered collaboration across the region; and
c. Resource sharing related to family preservation.

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## 28. Southeastern Institute for Faculty Training: Leadership Training for Systems Change, University of North Carolina, Chapel Hill, North Carolina.

**Type and location of program**: Regional interdisciplinary training program which serves fifteen states. Located at the Frank Porter Graham Child Development Center at the University of North Carolina.

**Focus:** Institute staff develop, implement, evaluate and disseminate training models for college and university faculty members to increase faculty-level expertise to support each state's early intervention personnel development efforts under the Part H program for infants and toddlers (Individuals with Disabilities Education Act of 1990). The program builds upon existing early intervention inservice training efforts by infusing resources, interdisciplinary faculty training opportunities, and innovative ideas and products into current structures.

**Professions/disciplines of instructors**: Social work, psychology, pediatrics, nursing, education, special education, nutrition, occupational therapy, physical therapy, speech/language pathology, child development, administration.

**Professions/disciplines of trainees**: Social work, psychology, pediatrics, nursing, education, special education, nutrition, occupational therapy, physical therapy, speech/language pathology, child development, administration.

**Start date**: 1992.

**Funded by**: Office of Special Education Programs Early Education Program for Children with Disabilities (EEPCD) 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**: Faculty, agency professionals, state agency representatives, consumers and family members in each state participate in the state leadership planning team, in providing training and as trainees.

**Challenges in developing the program**:

a. Planning the program in collaboration with individual states was difficult; addressed by developing a planning process in which stakeholders could help to plan with a common vision;

b. Gaps in knowledge and practice at the state and local levels, particularly lack of knowledge about what agencies were doing; addressed by education; and

c. Interagency coordination, funding, priorities and perspectives, often vary dramatically among health, mental health, education and social service agencies; addressed by interagency composition of the state leadership planning team whose members work together to achieve a common vision.

**Participation of family members and/or consumers as instructors**: Consumers and family members act as presenters, discuss their own issues, and facilitate discussions.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the training curriculum and delivered through specialized training sessions and team teaching.

**Workshops, print, audiotape or videotape training resources. Examples include**:

Family-Centered Practices
Family Participation
Inclusion
Service Coordination
Specific Populations
State Planning and Resource Development
Teams
Cultural Diversity
Communication
Interagency Collaboration.

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.
Indicates content which is also the focus of one or more training sessions.

**Internships/field placements**: Participants are expected to provide interdisciplinary in-service training within agencies in their own state.

**Number of trainees/participants**: 58 at the first training institute, comprised of 45 faculty members, 8 state agency representatives, and 5 family members; 69 at the second institute.

**Recruitment of trainees/participants**: Through processes developed by each of the individual states.

**Recruitment of culturally diverse trainees/participants**: Recruitment of culturally diverse participants was a requirement of the grant; the program has been successful in recruitment.

**Degree or formal certificate of participation**: Certificate of completion.

**Current challenges facing the program**:

a. Finding funds to pay for participants to travel to their four- day training institute; addressed by asking the individual states to find the funds at an early stage in planning;
b. The states are at very different stages of development and the challenge is to view project resources as more flexible in order to work individually with each state;
c. Developing collaboration with a state where there is no existing structure for collaboration; addressed by exploring all the options and trying to find middle ground; and
d. Departmental barriers at universities are difficult to break through; addressed by writing individualized letters to deans and academic vice presidents describing the value and importance of faculty participation.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. Participants say that it provides an opportunity for a diverse group to come together for a common purpose;
b. It provides an opportunity for people to see the whole picture, not just part of it; and
c. A collection of high quality, easily accessible resources has been identified across disciplines for preservice and inservice use.

**29. East Carolina University Family Preservation Project, School of Social Work, East Carolina University, Greenville, North Carolina.**

**Type and location of program**: University partnership between East Carolina University School of Social Work, Marriage and Family Therapy Training Program and community agencies.

**Focus**: Pilot demonstration project (eighteen months) to develop local family preservation services and curriculum models; provide training in family preservation for four graduate students; and develop an extension program for local professionals. Service component to become part of regular services of mental health center after pilot project.

**Professions/disciplines of instructors**: Family therapy, social work.

**Professions/disciplines of trainees**: Social work, family therapy.

**Start date**: April 1992 (completion date for pilot project June--1994).

**Funded by**: $30,000 grant from the Z. Smith Reynolds Foundation.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers and family members provide general input and evaluation;
b. Community professionals, including psychologists and juvenile court counselors, are members of advisory committee; and
c. Graduate students have also contributed suggestions.

**Challenges in developing the program**:

a. Need for training in advocacy was addressed by development of a child and family policy course; and
b. Participating faculty (social work and family therapy) did not initially realize there were such differences in their professional orientation; successfully addressed by extensive discussions.

**Participation of family members and/or consumers as instructors**: Not in classroom; families come to weekly team meeting at the mental health clinic to give feedback and recommendations.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curriculum and also provided through specialized classes in the extension program; team teaching and weekly interdisciplinary meeting with students and families.

**Names of seminars, workshops or courses**: Two off-campus extension courses in family preservation; four regional training workshops:

Family Preservation Services: Challenges and Opportunities
Social Support and Family Preservation Services
Using Family Therapy Concepts to Preserve Families
Discovering and Nurturing Family Strengths with Families of Color in Family Preservation Services.

**Topics integrated throughout the training curriculum and addressed in field placements**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Family therapy and social work field placements focus on skill development in interprofessional collaboration.

**Number of trainees/participants**: Four graduate students, each receives $1,250 per year stipend; community professionals also participate in extension courses and workshops.

**Recruitment of trainees/participants**: Flyers were sent out in School of Social Work and Family Therapy Department.

**Recruitment of culturally diverse trainees/participants**: Tried unsuccessfully to recruit students of color.

**Degree or formal certificate of participation**: Graduate students receive masters degree; community professionals receive continuing education credits.

**Current challenges facing the program**:

a. The grant is ending and the program is winding down; the challenge is to gain funding to maintain the program; addressed by advisory committee meeting quarterly to plan efforts to gain funding, possibly from regional funds for wraparound services; and
b. Participants were not fully aware of the benefits in interdisciplinary work; they now realize the importance of teaching collaborative practice skills and concepts.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. Opportunity to look beyond specific disciplinary lenses into a broader arena; and
b. Focus on teaching respect for other disciplines.

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### 30. Home Remedies, Morganton, North Carolina.

**Type and location of program**: Agency-based training program developed in collaboration with faculty from the University of North Carolina.

**Focus**: Program provides pre-service training, on-site consultation, telephone consultation, and clinical and program supervision for organizations and individuals interested in providing home-based and family preservation services.

**Professions/disciplines of instructors**: Social work, psychology, special education.

**Professions/disciplines of trainees**: Social work, psychology, education, special education, law, criminal justice, social administration.

**Start date**: 1985.

**Funded by**: Grant 50%, legislative match 50%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**: Consumers, family members, community professionals and community leaders and elected representatives provided input into the design of the training program and have provided evaluative comments.

**Challenges in developing the program**: The need for training was not well recognized by agency funders and there was rarely enough budgeted for training; addressed by talking with everyone about the importance of ongoing training over a period of years but not resolved and they are still working on it.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the training curriculum and delivered through specialized training sessions and team teaching.

**Names of training courses and workshops**:

Pre-service Training for Family Centered Family Preservation Workers.

Also provide trainings on home-based services, family preservation, and solution-focused therapy at state and national conferences.

**Topics integrated throughout the training curriculum**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Only one graduate student has had an internship in the program so far. The program does provide consultation to workers in the field.

**Number of trainees/participants**: 20 agency workers, 1 graduate student.

**Recruitment of trainees/participants**: Some referrals come from funding agencies.

**Recruitment of culturally diverse trainees/participants**: No special efforts.

**Degree or formal certificate of participation**: Certificate of participation.

**Current challenges facing the program**:

a. Identifying and training trainers; addressed by trying to identify potential trainers and providing mentorship to become involved; and
b. Finding funds so that the program can expand; still in process.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**: The training is shaped by experience; the content, training methods, trainer behaviors and facilities have been changed in response to feedback from participants and input from consumers and family members.

## 31. North Dakota Rural Interdisciplinary Training and Education Project, University of North Dakota, Grand Forks, North Dakota.

**Type and location of program:** Interdepartmental university-based continuing education program based in School of Medicine in Department of Community Medicine. Developed collaboratively with School of Social Work and College of Nursing.

**Focus:** Continuing education program, utilizing interactive educational telephone network to increase retention and recruitment of health care professionals in rural areas. This technology permits participants at 46 rural sites in North Dakota and a network in South Dakota to hear training presentations and engage in discussion with participants at all the sites.

**Professions/disciplines of instructors:** Physicians, social workers, nurses, pharmacists, dietitians.

**Professions/disciplines of trainees:** Nursing, social work.

**Start date:** 1991.

**Funded by:** Bureau of Health Professions, Department of Health and Human Services 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Surveys of community professionals and community leaders have been used to identify relevant topics to address in training sessions; and
b. Consumers provide evaluations.

**Challenges in developing the program:**

a. Finding a grant writer; resolved by delegating the task; and
b. Time was too short between notification of the award and starting time for the grant; resolved by securing local speakers and beginning with topics based on their interests.

**Participation of family members and/or consumers as instructors:** No.

**Interdisciplinary approach:** Training has interdisciplinary participants, presenters and content; interprofessional/interdisciplinary content delivered in specialized seminars only.

**Names of interprofessional seminars, workshops or courses** (36 to date; examples follow):

Rural Alcoholism

Native American Perspectives on Health, Illness and Healing
Understanding Domestic Violence
Emotional Disturbance in Children
Teamwork and Collaboration
Resources for Families of Children with Disabilities
Interprofessional Communication
Interagency Collaboration
Parent-Professional Collaboration.

**Topics integrated throughout the training curriculum:**
Interagency collaboration.

**Number of trainees/participants:** Approximately 100 per training session, 36 sessions to date.

**Recruitment of trainees/participants:** Participating agencies completed survey of training needs. Mailings about training programs are now sent to agencies and individual employees apply to participate.

**Recruitment of culturally diverse trainees/participants:** No.

**Degree or formal certificate of participation:** Certificate and Continuing Education Credits.

**Current challenges facing the program:**

a. Securing continued funding because federal funds have been withdrawn; addressed by forming a cooperative with South Dakota and Nebraska; and
b. Keeping attendance high; addressed by mass mailings and choosing more specific topics in response to learning needs identified in surveys (being responsive to what people want).

**Strategies to increase collaboration:** N.A.

**Major strengths of the program:**

a. Easy access and high quality program;
b. Brings professionals together and provides valuable information;
c. Topics are based on actual requests; and
d. Topics and speakers are focused on rural issues.

## 32. Center for Family Studies, University of Akron, Akron, Ohio

**Type and location of program:** A collaborative interdepartmental and interinstitutional university program located in the Center for Family Studies at the University of Akron.

**Focus:** To provide multidisciplinary home-based services to children with disabilities. In response to federal legislation requiring children with disabilities to have access to the least restrictive placement an alliance between the University of Akron and the Ohio Department of Mental Health was formed and the program created.

**Professions/disciplines of instructors:** Psychology, education, marriage and family therapy, child development.

**Professions/disciplines of trainees:** Psychology, nursing, social work, education, special education, child development.

**Start date:** 1986

**Funded by:** Ohio Department of Mental Health 75%, University of Akron 25%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Faculty from the College of Education, College of Fine and Applied Arts, College of Arts and Sciences, and the School of Nursing and the program's advisory group provided input in each phase of program development and evaluation;
b. Family members and community professionals evaluate student interns; and
c. Students complete course and agency evaluations.

**Challenges in developing the program:**

a. Interdisciplinary work of university faculty not recognized in the tenure process; addressed by raising awareness with university administration;
b. Department heads and Deans not given departmental credit when funding interprofessional classes; addressed by raising awareness with university administration;
c. Reaching accurate expectations in the number of interdisciplinary courses students were able to take; and
d. Including certificate classes in the students' major.

**Participation of family members and/or consumers as instructors:** Family members and consumers are involved as guest speakers in interdisciplinary courses, conferences, and training.

**Interdisciplinary approach:** Multidisciplinary content is delivered in specialized classes, a summer institute and conferences, and is integrated throughout the curriculum. Interdisciplinary course planning, team teaching, joint teaching and sequential teaching methods are represented in the training curricula.

**Names of seminars, workshops or courses:**
Home-based Intervention Workshop
Home-based Intervention Supervision Workshop
Multiple Systems Case Management Workshop
Home-based Intervention Theory
Home-based Intervention Techniques and Practice
Home-based Intervention Internship
Multicultural Counseling
Characteristics of Culturally Different Youth
Culture, Ethnicity and the Family
Minority Issues in Social Work Practice.

**Topics integrated throughout the training curriculum:**
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements:** The program provides field placements one semester in length in local agencies.

**Number of trainees/participants:** Each year the program trains 4 undergraduates, 12-15 masters level students, 6 doctoral students, and 50-60 continuing education students; 75-85 students in total.

**Recruitment of trainees/participants:** Methods to recruit students include announcements to cross-disciplinary classes, workshops, conferences, Ohio Department of Mental Health newsletter and brochures.

**Recruitment of culturally diverse trainees/participants:** 50% of participants are ethnically diverse; recruited through networking, Ohio Department of Mental Health newsletter, brochures, and class announcements.

**Degree or formal certificate of participation:** A formal undergraduate and graduate interdisciplinary certificate in home-based intervention is provided to students upon completion of the program. In addition, the formal degree of their respective discipline is also awarded.

**Current challenges facing the program:**

a. To increase recruitment; addressed by enclosing program information in the Ohio Department of Mental Health's newsletter; and
b. Fiscal challenges; addressed by approaching agencies to provide assistance to interns.

**Strategies to increase collaboration:**

a. Multidisciplinary development of meeting and conference agendas; and
b. Increasing awareness of program services and administrative difficulties for university executives.

**Major strengths of the program:**

a. Empowerment of families and professionals with the provision of home-based services;
b. Increased professional resources for individual mental health professionals;
c. Families are better able to access services and create solutions to family stresses;
d. Supervisors, mental health workers, families and students are brought together to collaborate on agency policies; and
e. The program is a forerunner for local HMO's and the medical community, which would like to create similar service delivery systems.

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### 33. Stark County Family Council, Canton, Ohio.

**Type and location of program**: Agency-based training program developed in collaboration with the University of Akron.

**Focus**: Field-based education for practicing professionals in public child serving agencies to provide integrated systems of care.

**Professions/disciplines of instructors**: Social work, psychiatry, psychology, nursing, public health, juvenile justice workers, child welfare workers.

**Professions/disciplines of trainees**: Social work, psychology, nursing, education, special education, law, sociology, social administration.

**Start date**: 1991.

**Funded by**: Title IV-E training funds 50%; four school districts, Child Protection Services, Drug and Alcohol Services, Juvenile Justice, Health and the University of Akron 50%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers and family members from the children's mental health agency, parent mentor programs and the Early Intervention Collaborative reviewed materials and gave input and evaluation;
b. Community professionals are responsible for implementing the program;
c. Executives of the major family serving agencies are members of the Family Council and give input at monthly meetings;
d. Ohio Department of Mental Health has reviewed all materials; and
e. Head Start and Early Intervention workers have also participated in planning.

**Challenges in developing the program**:

a. Convincing agency administrators to release staff to attend training for 15 hours in a year; strategy was to ask all administrators at a Family Council meeting to sign their commitment to worker training; the outcome is that all have followed through on their commitment;
b. Several agencies had a history of poor relationships; successfully addressed by strategically mixing people in groups in training sessions and creating a program called "mending your political fences," and also by providing participant lists so that all would know who had been trained; and
c. Lack of trainers to meet the need; currently recruiting a larger cadre of trainers.

**Participation of family members and/or consumers as instructors**: Not yet; they will participate in future.

**Interdisciplinary approach**: Specialized training sessions and team teaching.

**Name of workshop**:
Walk a Mile in My Shoes.

**Topics integrated throughout the training curriculum**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration

Shared decision making
Conflict management.

**Internships/field placements**: The program is developing opportunities for participants to exchange jobs.

**Number of trainees/participants**: Many agency staff (exact number not known), 12 family members, 10 consumers, 6 non-agency professionals.

**Recruitment of trainees/participants**: Participants are selected by their agency executive or management team; parents recruited through Early Intervention Collaborative.

**Recruitment of culturally diverse trainees/participants**: The program has targeted programs serving diverse groups in the community with limited success.

**Degree or formal certificate of participation**: Continuing education units.

**Current challenges facing the program**: Time constraints make it difficult to fit in all the interactive activities included in the program; addressed by making a video so that trainers can focus on the interactive assignments.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. Participants gain skills in collaboration to enable them to work in a seamless, family-friendly system; and
b. The program introduces people to each other and makes it easier to work together.

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### 34. Positive Education Program Training Continuum, Cleveland, Ohio.

**Type and location of program**: A collaborative interinstitutional agency training program located in Cleveland, Ohio. The Positive Education Program is a contract agency of the Cuyahoga County Mental Health Board which annually serves 1400 children with behavior and emotional problems from the 31 school districts in the Cleveland metropolitan area. The Cuyahoga County Board of education serves as fiscal agent.

**Focus:** Training state and local mental health practitioners, public school employees, graduate students and Positive Education Program staff to better serve children with severe emotional disorders; and promoting interdisciplinary systematic service provision within a service agency that provides early intervention, day treatment, group homes, job support and case management in the community.

**Professions/disciplines of instructors:** Social work, psychiatry, nursing, psychology. Pediatrics, occupational therapy, physical therapy, special education and education are represented occasionally as needed.

**Professions/disciplines of trainees:** Psychology, nursing, social work, education, special education, sociology, social administration.

**Start date:** The Positive Education Program began in 1971; the structured training continuum began in 1991.

**Funded by:** State Special Education funds 19%, participating school districts 49%, mental health board 15%, Medicaid 9%, other 8%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Program design and modification by family members on staff and advisory board, community practitioners, training instructors, and consultants;
b. Implementation and evaluation by parent-professionals and professional staff, community mental health professionals, and Kent State University;
c. Feedback to interns and program staff by consumers, family members, field instructors, trainees and state employees; and
d. Program evaluation by interns.

**Challenges in developing the program:**

a. Meeting both service and in-service hour requirements of funding agents and standards; overcome by increasing flexibility of training curriculum;
b. Balancing the need to meet discipline specific requirements for state certification and licensure with development of specific skills; successfully addressed by concentrating on development of specific skills and minimizing professional affiliations where standards allow; and
c. Coordinating time schedules; some success through continuing effort to communicate, but a continuing struggle.

**Participation of family members and/or consumers as instructors:** Family members on the staff or advisory board frequently participate as training instructors and consumers in training program.

**Interdisciplinary content:** Training consists of four phases of skill development in each area and is interdisciplinary in content, presenters and service participation. Content is delivered in specialized training sessions and also integrated throughout the "training continuum" curricula: special education coursework for certification in severe emotional disturbance is administered by Kent State University.

**Names of interdisciplinary professional seminars, workshops or courses:**

Philosophy: Values, the Ecological Model
Safety and Crisis Management
Learning and Behavior: Principles and Application
Human Development and Ecological Interaction
Assessment and Skill Development
Teamwork and Collaboration
Group Process and Communication
Ecological Programming and Transitions.

**Topics integrated throughout the curricula:**

Cultural competence
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management.

**Internships/field placements:** Graduate and undergraduate students placed in fieldwork and internships include 2-6 one year school psychology internships (Kent State U.); 3-4 speech and language pathologists, 3-4 social work interns and 1-2 psychiatric residents (Case Western Reserve U.); 6-12 special education teachers in training (Kent State U. and others); and occasional community mental health nurses and mental health associates in training. The Summer Institute offered each year since 1981 provides 7 days of training (half practicum, half didactic) to 30 graduate students from various disciplines (mostly special education, psychology and education); course credit is offered by Kent State and Cleveland State Universities.

**Number of trainees/participants:** Approximately 20 practicum students, 400 agency staff, 100 non-agency professionals, and 130 family members; 460 in total are trained each year. Approximately 2-6 $20,000 one year internships in school psychology are paid by the state each year.

**Recruitment of trainees/participants:** Materials are sent to each school district and to agencies of the Cuyahoga County Community Mental Health Board. Most participants come by their own request or university assignment.

**Recruitment of culturally diverse trainees/participants:** Invitations to culturally diverse populations are made within state and local school districts, periodicals, and community organizations, including the Urban League.

**Degree or formal certificate of participation:** A formal certificate of completion is provided for Summer Institute participants. Staff receive certificates for completion of certain training continuum phases.

**Current challenges facing the program:** Increasing participation of community mental health practitioners in interdisciplinary learning environments; learning to value skills and contributions from other disciplines.

**Strategies to increase collaboration**: An additional skill area, "Teamwork and Collaboration" is being expanded to allow for a more specific concentration on collaboration.

**Major strengths of the program:**

a. The program trains educators and mental health professionals in ecologically sensitive service delivery;
b. The training involves families as instructors and participants in interdisciplinary collaboration;
c. Culturally competent services are emphasized in each component of the training program; and
d. Participation in interdisciplinary service programs is a major part of training.

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### 35. The Interprofessional Commission of Ohio, The Ohio State University, Columbus, Ohio.

**Type and location of program**: The Commission is a separate administrative unit within the Ohio State University, with faculty members drawn from education, law, medicine, nursing, allied health, psychology, social work and the Theological Consortium of Greater Columbus.

**Focus**: Model of collaborative education at the preservice, graduate and continuing education levels. Focus is on training professionals to collaborate across disciplinary lines to be responsive to the needs of persons in a complex society.

**Professions/disciplines of instructors**: Education, special education, law, pediatrics, family medicine, internal medicine, psychiatry, neurology, nursing, allied health, psychology, social work, counseling, theology, consumers.

**Professions/disciplines of trainees**: Education, special education, law, nursing, psychology, social work, counseling, theology, medicine, allied health professions.

**Start date**: 1972.

**Funded by**: Grants from Kellogg Foundation and Columbus Foundation 39%, earned income 26%, Ohio State University and other academic institutions 15%, contributions 15%, eight state professional associations 6%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**: Community professionals, students, volunteers, university officials and faculty contribute to discussions about the planning of the program.

**Challenges in developing the program**:

a. The need for a shared calendar, since the participating institutions use different academic calendars; the solution was to develop a separate calendar;
b. The question of who the director should report to; the decision was that the director should report to the board;
c. The role of state associations in conjunction with higher education; addressed by program staff trying to develop a spirit of cooperation; and
d. Funding is a continuing challenge; addressed by grant applications, increased charges and the development of a technical assistance network.

**Participation of family members and/or consumers as instructors**: They sometimes act as regular teachers.

**Interdisciplinary approach**: Specialized classes and team teaching.

**Names of seminars:**

Ethical Issues Common to the Helping Professions
Interprofessional Approaches to Child Abuse and Neglect
Seminar in Interprofessional Care
Interprofessional Seminar in Clinical Practice
Interprofessional Seminar in Policy Analysis
Interprofessional Approaches to Family Dynamics of Chemical Dependency
Seminar on Interprofessional Care
Seminar on Interprofessional Approaches to Changing Societal Values
Summer Institutes (various specific topics).

**Names of conferences/workshops (examples)**:

Gender Issues in the Professions
Homeless Families: A Challenge to Interprofessional Collaboration

Saving the Children: An Interprofessional Look at Divorce Mediation
AIDS: Interprofessional Collaboration and the Delivery of Services.

**Topics integrated throughout the entire curriculum and addressed in field experience**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration.

**Topics addressed in one or more class sessions**:
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Interprofessional field experiences vary according to the course; trainees observe or join an interprofessional team either once in the term or throughout the term.

**Number of trainees/participants**: Approximately 300-350 per year (for 5 courses); 300-350 attend conferences.

**Recruitment of trainees/participants**: Recruitment occurs through normal course lists and advertising to state association members.

**Recruitment of culturally diverse trainees/participants**: Recruitment of culturally diverse participants occurs by word of mouth and by targeting specific groups; results have been uneven.

**Degree or formal certificate of participation**: Participants receive their degree from their own department; conference participants receive continuing education credits.

**Current challenges facing the program**: Financial challenges have been addressed by developing a new independent organization, pursuing relationships with other institutions, becoming a 501 (c)(3) non-profit organization, and developing technical assistance capabilities.

**Strategies to increase collaboration**: Soliciting participation from other groups, institutions and a wide variety of agencies.

**Major strengths of the program**:
a. Its longevity and the experience of participating faculty;

b. The number of disciplines involved and the involvement of professional associations;
c. Its independent status; and
d. The program provides a vision and leadership to demonstrate what is possible.

### 36. Clinical Psychology Training for Services to Children and Adolescents with Serious Emotional Disorders, School of Professional Psychology, Wright State University, Dayton, Ohio.

**Type and location of program**: Collaborative training program for doctoral psychology students based in the School of Professional Psychology. Collaborators include University of Dayton Special Education Department and local service providers.

**Focus**: Specialized doctoral psychology track located within a generalist psychology program. Training emphasizes an interdisciplinary approach both in academic course work and clinical experiences to prepare students to provide coordinated services to children with serious emotional disorders.

**Professions/disciplines of instructors**: Psychology, special education, speech and language therapy.

**Professions/disciplines of trainees**: Psychology.

**Start date**: 1989.

**Funded by**: State mental health department grant 71%, local agency contributions 29%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers, family members, community professionals and community leaders were surveyed as part of a needs assessment and assisted the advisory board; and
b. Community professionals and students provide ongoing feedback.

**Challenges in developing the program**:

a. Initially there was no support for program development and administration; resolved by a successful grant application;
b. Program planners needed university support to alter the curriculum; an internal committee developed recommendations for curricular changes which were accepted by the full faculty;

c. There was not enough money for student support; local agencies were asked to contribute financially to student stipends;

d. It was necessary to identify the skills needed by psychologists to work with children and youth with serious emotional disorders and to function in agencies; they developed and worked with an advisory board which included community professionals, consumers and family members to assess training needs and develop practicum sites; the information gathered became the basis for course development.

**Participation of family members/consumers as instructors**: No.

**Interdisciplinary approach:** Some specialized interdisciplinary classes and team teaching; some content integrated throughout the curriculum; interdisciplinary case reviews, group and individual supervision.

**Names of courses**:

Child Psychopathology
Systems Issues for Youth with Serious Emotional Disorders
Clinical Practice with Severe Behavior Handicapped (SBH) Children and Adolescents
Psychology of Mental Retardation and Developmental Disabilities
Working with the Gifted
Culturally Competent Practice.

**Name of seminar**:

Training Parents as Co-therapists.

**Topics integrated throughout the training curriculum and field practice experience, and presented in the interdisciplinary seminar**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: One-year rotation in which students have four 3-month placements in different types of settings.

**Number of trainees/participants**: Six, each receiving a $5,000 stipend.

**Recruitment of trainees/participants**: The program is advertised in recruitment materials and promoted in practice seminars and through the advising process.

**Recruitment of culturally diverse trainees/participants**: Service delivery to ethnically and culturally diverse families is a priority focus of the program, and a diverse student group is actively recruited through personal outreach; of 20 students trained, 60% were ethnic minorities.

**Degree or formal certificate of participation**: Ph.D. degree plus letter of recognition of completion of child mental health specialty.

**Current challenges facing the program**:

a. Inappropriate placement choices; successfully addressed by strong advocacy documenting reasons students need specific placements, but is a recurring problem each year;
b. Lack of funds for student support; have gained partial grant support, but more is needed; and
c. Uncertainty of state funding; addressed through participation on task force to shape state funding priorities.

**Strategies to increase collaboration**: None mentioned.

**Major strengths of the program**:

a. Strong focus on minority trainees and working with culturally diverse children;
b. Depth and breadth of exposure to clinical field work in multiple settings; and
c. Special academic support program for minority students which assists in retention.

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### 37. Home-Based Services, Division of Mental Health, Oklahoma City, Oklahoma.

**Type and location of program**: Continuing education program for workers providing home-based services to families. Developed in collaboration with Departments of Human Services and Health and based in Division of Mental Health.

**Focus**: Training focused on providing home-based services for agency staff and practicum students. Currently developing a certification in home-based services program which will be implemented next year.

**Professions/disciplines of instructors**: Social work, psychology, special education.

**Professions/disciplines of trainees**: Social work, psychology, special education, nursing, sociology.

**Start date**: 1991.

**Funded by**: State funds and federal block grant.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers and family members shared their experiences and gave input into the planning of the program;
b. Community professionals provided information about the skills needed by workers providing home based services; and
c. Volunteers participate in the program and have contributed ideas.

**Challenges in developing the program**: Conflict related to program oversight, administration, and supervision was resolved through a series of meetings focused on dispute resolution; the outcome was that one agency, the Department of Mental Health, took the lead role.

**Participation of family members and/or consumers as instructors**: Yes, the program has a contract with Oklahoma Alliance for the Mentally Ill; consumers and family members provide information to program participants.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curriculum and delivered through team teaching.

**Names of workshop**:

Home-Based Training.

Also offer interdisciplinary conferences, such as the Second Annual Children's Mental Health Conference on The Magic of Childhood.

**Topics integrated throughout the training curriculum**:

Interprofessional communication
Interdisciplinary group process
Shared decision making.

**Topics addressed in one or more training sessions**:

Conflict management
Cultural competence.

**Topics addressed in part of one session**:

Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration.

**Internships/field placements**: Not yet. Next year will offer a 6-week field experience as part of the training for the new Certification on Home-Based Services program.

**Number of trainees/participants**: Approximately 100 agency staff, 10 practicum students, 5 non-agency professionals, 1 consumer and 1 family member.

**Recruitment of trainees/participants**: Through non-profit organizations; participants are mainly employed in home-based services programs.

**Recruitment of culturally diverse trainees/participants**: They try to involve culturally diverse staff, especially in urban areas. Efforts have been very successful with Native Americans.

**Degree or formal certificate of participation**: Will offer a certification process beginning next year.

**Current challenges facing the program**: Getting certification.

**Strategies to increase collaboration**: Conflict over leadership of the program was successfully resolved by getting together to discuss the pros and cons of alternative arrangements.

**Major strengths of the program**:

a. The full-time trainer has 30 years of experience; and
b. The program is constantly changing in response to feedback from participants, field instructors, other professionals, consumers, family members and community mental health center directors; there is now a greater emphasis on cultural competence and rural vs. urban issues and the program includes more guest speakers.

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### 38. Child and Family Mental Health Program, Morrison Center, Portland, Oregon.

**Type and location of program:** Interdepartmental university training program located in the Child and Family Mental Health Program administered by the Morrison Center.

**Focus:** Graduate level multidisciplinary training program for students preparing to become professional psychologists and child and family therapists. This program evolved to meet the perceived need for competent, well trained psychologists, social workers, and psychiatrists in mental health systems serving children and families.

**Professions/disciplines of instructors:** Psychology, psychiatry, social work, counseling.

**Professions/disciplines of trainees:** Psychology, social work, psychiatry.

**Start date:** 1982.

**Funded by:** Title XIX Medicaid funding 60%; state and county general funds 20%; federal funds 10%; consumer service fees 10%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:** Pacific University, Portland State University, and Lewis and Clark College are involved in the implementation and evaluation of the training program.

**Challenges in developing the program:**

a. Getting NIMH funding; several grants were written to obtain funding; and
b. Generating a fee scale for services to sustain program; addressed by networking with other fee-for-service agencies.

**Participation of family members and/or consumers as instructors:** None.

**Interdisciplinary approach:** Interdisciplinary team teaching, joint teaching, and sequential teaching exist within the training program.

**Names of seminars, workshops or courses:**

Videotape supervision (weekly)
Inservice training (monthly)
Supervision seminar (weekly).

**Topics integrated throughout the training curriculum:**

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements:** Social work students for 9 months at 16 hours per week; psychology interns for 12 months at 40 hours per week.

**Number of trainees/participants:** Six student interns per year. Five trainees receive $11,000 per year and one social work position is reserved for a student of color.

**Recruitment of trainees/participants:** Portland State University field placement coordinator is involved with agency field supervisors in the selection process of social work students; APA and NIMH materials are dispersed nationally for psychology students to complete and return to the agency. A formal selection process follows.

**Recruitment of culturally diverse trainees/participants:** Designated intern positions and one social work stipend is reserved for culturally diverse students.

**Degree or formal certificate of participation:** No formal recognition is given for participation in a multidisciplinary training program. Participants receive the formal degree of their profession upon completion of their studies.

**Current challenges facing the program:** Gaining continued funding; strategies are to looking at diversifying funding sources, increase Medicaid billings, and seek new markets for client populations.

**Strategies to increase collaboration:** N.A.

**Major strengths of the program:**

a. Increases the pool of mental health professionals well trained in collaboration; and
b. Keeps institute up to date with current models of service and local university practices.

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### 39. Cross Systems Training Program, Department of Public Welfare, Harrisburg, Pennsylvania.

**Type and location of program:** A collaborative agency training program comprised of eight state social service departments, the Cross Systems Training Program is located in the Children's Cabinet, a Pennsylvania state institute which contains various departments serving children.

**Focus:** To create family-centered, community based professionally collaborative service delivery systems from existing state department service provisions. Training program emphasis on providing services which are inclusive of client family systems evolved from the Pennsylvania system reform agenda.

**Professions/disciplines of instructors:** Social work, psychiatry, psychology, pediatrics, nursing, education, special education.

**Professions/disciplines of trainees:** Psychology, nursing, social work, education, special education, sociology, law, social administration.

**Start date:** September 1993.

**Funded by:** State of Pennsylvania 40%, I.D.E.A. federal resources 30%, federal juvenile justice program 30%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:** The training program was not planned or designed on the local level; state professionals planned and designed the training program.

**Challenges in developing the program:**

a. Territorial service issues arose and were addressed by developing a collaborative process which joined employees from multiple state departments; and
b. Coordinating time schedules has been overcome with prioritizing of program planning meetings.

**Participation of family members and/or consumers as instructors:** Family members are involved as program trainers.

**Interdisciplinary approach:** Professionals from multiple disciplines have come together to create specialized training sessions which will allow for interdisciplinary learning. The curriculum is interdisciplinary in course content, instructors, and participants.

**Names of seminars, courses, or workshops:**

Not available.

**Topics Integrated Throughout the Curriculum:**

Parent professional collaboration
Interprofessional communication
Interagency collaboration
Cultural competence.

**Internships/field placements:** Field placements do not exist in the training program as all program participants are state employees.

**Number of trainees/participants:** The training program, though continuing to develop, is estimated to train 15,000 - 20,000 state employees annually.

**Recruitment of trainees/participants:** Participants are recruited from the Pennsylvania Department of Welfare, Department of Education and Department of Health.

**Recruitment of culturally diverse trainees/participants:** The program is still developing efforts in this area. State departments encourage people of color from non-profits to participate.

**Degree or formal certificate of participation:** Certificates of participation are awarded. The certificates vary according to the state department and the form of training.

**Current challenges facing the program:**

a. Lack of time and competing priorities for areas for which training has been identified as beneficial; staff are working together to address time limitations and to build consensus, but this continues to be a struggle;
b. The challenge to weave their objectives into every training session; and
c. Retraining and re-educating to incorporate CASSP values and methods has been resented by some state departments where there is less familiarity with CASSP.

**Strategies to increase collaboration:**

a. Working for consensus in decision making has been helpful; and
b. Trying to bring people in from the beginning rather than with state mandates; the outcome is that people are showing up for the meetings and cooperating.

**Major strengths of the program:**

a. Cutting down on duplicated services;
b. Making training a large component in a broadly framed agenda;
c. Including systems in designing the training content to better train staff to meet the needs of a diverse range of clients; and
d. Being proactive rather than reactive.

### 40. Student Assistance Program, Harrisburg, Pennsylvania.

**Type and location of program:** A collaborative interinstitutional agency program located in the State of Pennsylvania Education Building in Harrisburg, Pennsylvania.

**Focus:** To provide statewide assistance in the public school system to children whose families have been identified as needing drug and alcohol treatment. The program evolved from a state drug and alcohol treatment program sponsored by the Pennsylvania Department of Education and Department of Health.

**Professions/disciplines of instructors:** Social work, psychology, nursing, education, special education, drug and alcohol professionals, mental health counselors.

**Professions/disciplines of trainees:** Psychology, social work, education, special education, sociology.

**Start date:** 1986.

**Funded by:** Pennsylvania Office of Drug and Alcohol Programs 30%, Drug Free School Dollars 30%, Pennsylvania Office of Mental Health 30%, Pennsylvania Governor's Office 8%, Masons of Pennsylvania 2%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Provision of services, county coordination of meetings and verbal input by community professionals;
b. Training evaluation and verbal input by community consumers; and
c. Advisory board representation and training presentations by family members and consumers and community members.

**Challenges in developing the program:**

a. Statewide coordination of meetings; addressed with increased communication and priority to statewide meetings;
b. Coordinating shared fiscal responsibility of multiple funders; achieved by mainstreaming process of county providers to work in fiscal teams; and
c. Maintaining a standardized level of quality service provision throughout the state; improved with local community efforts to create professional networks to develop guidelines statewide.

**Participation of family members and/or consumers as instructors:** Consumers and family members are invited to present their family experience and treatment process with training program participants.

**Interdisciplinary approach:** The training program integrates interdisciplinary learning in course planning, course curriculum, program instructors and trainees.

**Names of seminars, workshops, or courses:**

Student Assistance Team Teaching
Student Assistance Additional Training

Technical Assistance Training
Service Provider Update Training.

**Topics taught in one or more training sessions:**

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent professional collaboration
Consumer professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements:** Previously had university students participating in field placements, but no field placements exist at present.

**Number of trainees/participants:** Four thousand public school and mental health professionals and 300 state employees from the Departments of Education, Health and Welfare participate in the training program annually.

**Recruitment of trainees/participants:** School employees are recruited as a result of a federal mandate requiring all state school employees be trained by the Student Assistance Program. Mental health professionals working with drug and alcohol affected families are also encouraged to participate.

**Recruitment of culturally diverse trainees/participants:** Culturally diverse participants are recruited with standard public employee recruitment and through state affirmative action programs.

**Degree or formal certificate of participation:** Certificates of participation are presented to trainees following completion of the training program.

**Current challenges facing the program:**

a. Providing developmentally appropriate training for children; currently addressed with the Office of Mental Health providing trainers for children;
b. Funding sources are decreasing amounts of fiscal support for the training program; presently developing strategies to overcome fiscal restrictions; and
c. Developing training materials related to cultural competence.

**Strategies to increase collaboration:**

a. A state interagency committee has been created with policy decision-making authority; and

b. County coordination teams have been created throughout the state to allow community service providers local policy decision-making authority.

**Major strengths of the program:**

a. Increases provision of services to children in Pennslyvania who are affected by drug and alcohol abuse;
b. Allows for identification and intervention with children who have mental health issues at earlier stages of child development; and
c. State school employees and county mental health professionals are trained to work effectively with drug and alcohol affected families.

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### 41. Multicultural Training Center, School of Social Administration, Temple University, Philadelphia, Pennsylvania

**Type and location of program**: An interinstitutional and interdepartmental training program involving the Philadelphia Health Department, the Pennsylvania Department of Health and the School of Social Administration at Temple University.

**Focus**: To adequately educate continuing education and graduate level medical and mental health professionals on culturally sensitive practices. Concentration of the program is upon the creation of culturally competent organizations which collaborate with the Philadelphia Health Department.

**Professions/disciplines of instructors:** Social work, education, nursing, psychiatry, psychology.

**Professions/disciplines of trainees:** Social administration, social work, law, education, special education, psychology, nursing, sociology.

**Start date:** February 1990.

**Funded by:** Philadelphia Health Department contract 50%, fees for service 50%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. The Philadelphia Health Department, Pennsylvania Department of Health, Social Administration department faculty, community professionals, family members and program advisory board provided formal input into program planning, design, implementation and evaluation;

b. Consumers, family members, and student interns act as co-presenters and evaluators of training; and

c. Participants complete pre- and post-tests and specific course evaluations.

**Challenges in developing the program:**

a. Gaining adequate support staff; overcome with reassignment of existing support staff and the creation of clerical volunteers;

b. Reaching agreement on protocol between the School and Department of Health; addressed by the development of an advisory board and continued program participation by the former Dean of Social Administration;

c. Demonstrating requirements of need for grant proposals; successfully overcome with the Health Department supplying an employee to the training program.

**Participation of family members and/or consumers as instructors:** Both family members and consumers are involved as co-presenters at trainings.

**Interdisciplinary approach:** Training has interdisciplinary instructors, participants and content. Interdisciplinary course planning, team teaching, joint teaching, and sequential professional teaching exist within the specialized curriculum.

**Names of courses, seminars, and workshops:**

Cultural Competence in Human Services
Advanced Certification in Culturally Competent Human Services
Childhood Sexual Trauma and Assessment
Cultural Tools for Spiritual and Psychological Healing
When Cultures Meet
Inoculation: Assisting Clients to Handle Racism
Cross-Cultural Diagnosis and Assessment
The Uses and Abuses of Psychological Power
Assessment and Treatment with Latino Children and Their Families
Assessment and Treatment with African-American Children and Their Families
Parenting From an Afro-Centric Approach.

**Topics integrated throughout the training curriculum:**

Cultural competence
Interprofessional communication
Interdisciplinary group process
Parent-professional collaboration
Consumer-professional collaboration
Conflict management
Interagency collaboration
Shared decision making

Creating culturally competent organizations
Cross cultural diagnosis and assessment.

**Topics integrated in field practice experience:**
Interagency collaboration
Shared decision making
Cultural competence
Interprofessional communication
Interdisciplinary group process.

**Internships/field placements:** One to six social administration students are placed each year for two semesters.

**Number of trainees/participants:** One masters level student and 425 continuing education students participate each year.

**Recruitment of trainees/participants:** Participants are recruited within the School of Social Administration and the Health Department of Philadelphia and through community mailings.

**Recruitment of culturally diverse trainees/participants:** Effective efforts to recruit culturally diverse participants established by developing associations with ethnic organizations, newspapers and radio stations and through institute and faculty networks.

**Degree or formal certificate of participation:** A formal certificate of completion is provided by the training program. Additionally, students completing the social administration program receive the formal degree of that department.

**Current challenges facing the program:**

a. Keeping up with increased demand for trainings; addressed by completing a self assessment of the program and strategic planning to respond to growing need;
b. Increased need for additional clinical staff; addressed by increased contact with grant writers and development of a membership drive; and
c. Time constraints; addressed by increasing awareness of limitations and planning to select concentrated areas of program development.

**Strategies to increase collaboration:**

a. Increased involvement by current Dean of Social Administration;
b. Continuing dialogue concerning fiscal responsibilities; and
c. Outreach to the School of Medicine and Department of Psychiatry at Temple University.

**Major strengths of the program:**

a. Interdisciplinary, multicultural and collaborative skills are contained in the training program;
b. Outreach to participants and Department of Health consumers has increased culturally appropriate services;
c. Collaboration has created numerous alliances between Temple University and agencies in the Philadelphia area; and
d. Internships provide intensive interdisciplinary learning experiences.

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### 42. Family-Centered Interdisciplinary Training Program, Philadelphia Child Guidance Center's Family Therapy Training Center, Philadelphia, Pennsylvania.

**Type and location of program**: Training program for family-centered practice located in the Family Therapy Training Center (FTTC) at the Philadelphia Child Guidance Clinic (PCGC) which is in the Division of Child and Adolescent Psychiatry for the University of Pennsylvania School of Medicine. The specific training initiative in Family-Based Mental Health Service developed in 1988 for the state of Pennsylvania.

**Focus**: To provide training to better prepare professionals and paraprofessionals to serve ethnically and culturally diverse families. There is also a specific training initiative for Pennsylvania's Family-Based Mental Health In-Home services.

**Professions/disciplines of instructors**: Social work, psychiatry, psychology, pediatrics, nursing, counseling, parent-professionals, early education specialists, paraprofessionals.

**Professions/disciplines of trainees**: Psychology, nursing, social work, education, special education, law, sociology, social administration, medicine, counseling, speech and hearing specialists, drug and alcohol workers, marriage and family therapists, paraprofessionals, child welfare, juvenile justice, clergy.

**Start date**: Started informally in 1967; started formally in 1975.

**Funded by**: State grants 30%, agency contracts 40%, fees for services from trainees 20%, fees for services from clients 5%, workshop fees 5%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Parent representatives participated in curriculum development;
b. Parent-professionals have contracts to provide specific parts of the training;

c. Family-based mental health professionals and paraprofessionals give input through ongoing evaluations; and
d. Technical assistance is provided to county mental health/mental retardation administrators, CASSP coordinators and agency directors.

**Challenges in developing the program**: More demands for training than could initially be supplied; a Training of Trainers model created the additional training staff needed.

**Participation of family members and/or consumers as instructors**: Parent-professionals from Parents Involved Network (PIN) teach one training module and two families helped to create a teaching videotape used in two training modules.

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the training curriculum and is also delivered through specialized training sessions and team teaching.

**Names of seminars, workshops or courses**:
Structural Family Therapy
Developmental and Clinical Issues
Theoretical and Historical Development of Family Therapy, Parts I and II
Ethics in Family Therapy
Supervision of Supervision
Family-Based Mental Health In-Home Training.

**Topics integrated throughout the training curriculum**:
Home-based services
Family preservation
Family therapy skill development
Cultural competence
Systemic and structural theory
Child, adult and family development theory
Family therapy and multiple systems therapy skills
Development in assessment and intervention.

**Internships/field placements**: Social work students do field placements for one year; psychologists do internships or post-doctoral fellowships for two years; child psychiatrists do a two-year fellowship in PCGC's Family Therapy Training Center. Training is one-to-two days per week during the academic year or one-to-three weeks in the summer.

**Number of trainees/participants**: 36 interns per year; 240 in Pennsylvania's Mental Health Family-Based Training Initiative; several hundred professionals and consumers attend workshops and training conferences each year.

**Recruitment of trainees/participants**: Through journals, brochures, exhibits at national and international conferences, universities and by word of mouth. The Center has a national and international reputation and many people want to participate in training programs.

**Recruitment of culturally diverse trainees/participants**: Very successful recruitment of culturally diverse participants through journals targeted both to culturally diverse professionals and one specific to African-American professionals/agencies with culturally diverse staff, and a minority scholarship program for trainees.

**Degree or formal certificate of participation**: Participants in the long-term training receive a written certificate with a letter describing what the individual received in the training program; participants at one-day workshops receive a letter of attendance.

**Current challenges facing the program**: N.A.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. Nationally- and internationally-recognized training program for professionals and paraprofessionals in mental health and related professions to gain family therapy and multiple system skills with a particular focus on child and adolescent issues and cultural diversity in homes, clinics and schools; and
b. Provides opportunities for training in interdisciplinary collaboration.

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### 43. Eastern Pennsylvania Psychiatric Institute, Medical College of Pennsylvania, Philadelphia, Pennsylvania

**Type and location of program**: Interdepartmental training program for professionals in mental health. Developed with state Office of Mental Health and community agencies. Located in Medical School but provides training for agency staff in all parts of the state.

**Focus**: To improve training of professionals in public systems to serve adults with mental illness and children with serious emotional disorders. To translate findings from new research into better services. To provide training related to cultural diversity and family participation.

**Professions/disciplines of instructors**: Social work, psychiatry, psychology, nursing, education, rehabilitation counseling, administration, consumers.

**Professions/disciplines of trainees**: Psychology, nursing, social work, education, special education, sociology, social administration, counseling, psychiatry, case managers.

**Start date**: 1981.

**Funded by**: State Office of Mental Health 70%, City of Philadelphia Office of Mental Health 30%.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers, family members, community professionals and community leaders are involved in planning and evaluation of the program and as conference presenters; and
b. Local government officials participate in planning and evaluation through quarterly review meetings; they also present at conferences.

**Challenges in developing the program**: Getting ongoing funds to support the program as there is governmental debate each year as to whether or not to continue the program; resolved by soliciting funds from the state and city systems.

**Participation of family members and/or consumers as instructors**: Consumers and family members are involved in curriculum development and review and as paid faculty (they are paid at the same rate as all consultants).

**Interdisciplinary approach**: Interdisciplinary content is integrated throughout the curriculum and also delivered through specialized classes and seminars and team teaching.

**Names of seminars, workshops or courses**:
Not available.

**Topics integrated throughout the training curriculum**:
Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Parent professional collaboration
Consumer professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: No. Participants are agency staff.

**Number of trainees/participants**: 9,000.

**Recruitment of trainees/participants**: The program is highly visible and well-known. Participants choose to come to the program.

**Recruitment of culturally diverse trainees/participants**: It has been easy to recruit culturally diverse participants because of the setting in an urban environment.

**Degree or formal certificate of participation**: Participants receive a certificate of participation and continuing education credits.

**Current challenges facing the program**:

a. Teaching to large numbers of participants with very different levels of expertise;
b. Meeting the time demands of two day courses;
c. Measuring outcomes; successfully addressed by outside review of participants' written feedback and faculty peer review; and
d. Uncertainty about continued funding; alleviated because of the program's high visibility programmatically and politically, but still a concern.

**Strategies to increase collaboration**:

a. Family members are involved as paid professionals and this has been very empowering; and
b. Equal status is given to all professionals and non-professionals as presenters.

**Major strengths of the program**:

a. Practical and useful skills are disseminated to persons who need them most;
b. The program is mobile and travels to sites all around the state, bringing training to the field; and
c. People who are diverse in culture and add to the richness of the program.

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### 44. Family-Based Mental Health Services, Western Psychiatric Institute and Clinic Staff Development Program, University of Pittsburgh, Pittsburgh, Pennsylvania

**Type and location of program:** An interdepartmental and interinstitutional collaborative university-agency program, the Staff Development Program is located in the Department of Psychiatry at the University of Pittsburgh.

**Focus:** To enhance the quality of care for consumers of psychiatric services by training hospital personnel and community mental health professionals in effective service delivery. Emphasis is placed on assisting families and professionals to work together to meet the psychiatric needs of individuals most effectively.

**Professions/disciplines of instructors:** Social work, psychology, psychiatry, pediatrics, nursing, pharmacology, education, special education.

**Professions/disciplines of trainees:** Social work, psychology, nursing, education, special education, law, sociology, social administration.

**Start date:** January 1990.

**Funded by:** University of Pittsburgh 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Personal treatment histories, evaluation of training, and verbal feedback to professional staff by consumers and family members; and
b. Course evaluations and general program feedback by students and community professionals.

**Challenges in developing the program:**

a. Gaining university approval to combine department resources; administratively approved following the development of core planning committee;
b. Acquiring voluntary program instructors among university faculty; achieved with the participation of clinical administrators; and
c. Securing the financial support necessary to maintain a collaborative university training program; achieved with the financial support of Title IV-E funds and foundation support.

**Participation of family members and/or consumers as instructors:** Consumers and family members are actively involved in training and provide individual testimonials of their treatment histories and those of their family members.

**Interdisciplinary approach:** The training program is interdisciplinary in course planning, curriculum, training instructors and participants.

**Names of seminars, courses, or workshops:**

Organic Mental Disorders
Sleep Disorders
Helping Families Resolve Conflict
Project Training
Family Preservation Using Multi-Systemic Treatment
Young Gangs in Pittsburgh

Playing Back Life Using Storytelling
Administrative Supervision
Supervising the Troubled Employee.

**Topics Integrated Throughout the Curriculum:**

Interagency collaboration
Interprofessional communication
Interdisciplinary group process
Cultural competence
Parent professional collaboration
Consumer professional collaboration
Shared decision-making
Conflict management.

**Internships/field placements:** University field placements are not offered in this training program. All participants of the training program are continuing education students employed by local hospitals or community agencies.

**Number of trainees/participants:** 700 continuing education student employees are trained annually.

**Recruitment of trainees/participants:** The Staff Development Course Curriculum is circulated throughout the Western Psychiatric Institute and Clinic and local mental health agencies.

**Recruitment of culturally diverse trainees/participants:** Culturally diverse trainees are recruited with general program recruitment strategies. All courses are free of charge and culturally diverse trainees are welcome to participate.

**Degree or formal certificate of participation:** Participants receive written acknowledgment quarterly which details staff development courses completed.

**Current challenges facing the program:** To provide Staff Development Program training at off-site centers; staff are currently working to identify other possible training areas and contacting additional clinical administrators.

**Strategies to increase collaboration:**

a. Utilizing the advisory committee and local community for guidance; and
b. Maintaining collaborative program efforts to strengthen allegiance between the Training and Development Department and Staff Development Program staff.

**Major strengths of the program:**

a. Staff Development Program provides mental health professionals and hospital personnel education on appropriate treatment and effective intervention strategies with individuals and families with psychiatric needs;
b. The training program provides opportunities for community professionals to receive case consultation and professional assistance with practice issues;
c. Central coordination strengthens the quality of the training program; and
d. Persons requiring psychiatric services and their families are served more effectively and, as a result, service delivery systems become more competent.

### 45. Clinical Community Psychology, University of South Carolina Department of Psychology, Columbia, South Carolina

**Type and location of the program**: Interdepartmental training program involving the Department of Psychology and the School of Social Work at the University of South Carolina.

**Focus:** Still predominantly in the planning stages, this program's intent is to train graduate students in psychology and social work to work effectively when collaborating with various professional disciplines involved in children's mental health.

**Professions/disciplines of instructors:** Social work, psychology.

**Professions/disciplines of trainees:** Psychology, social work, nursing, education, health.

**Start date:** September 1992.

**Funded by:** Private foundation 100%.

**Input of community members into planning, design, implementation and/or evaluation of the training program:**

a. The program's advisory group, comprised of community professionals, community leaders, government officials and students are all involved in the planning and design of the program; and
b. Students complete course evaluations and provide input into program design and implementation.

**Challenges in developing the program:** No challenges mentioned.

**Participation of family members and/or consumers as instructors:** Consumers and family members are involved as teachers and co-presenters.

**Interdisciplinary approach:** Interdisciplinary in course planning, seminars, presentations and readings.

**Names of interprofessional seminars, workshops, or courses:** Not available.

**Topics integrated throughout the training curriculum:** Not available.

**Internships/field placements:** Intended in the future; no field placements at this time.

**Number of trainees/participants:** Program is projecting 100 trainees.

**Recruitment of trainees/participants:** Participants are recruited through faculty outreach within the School of Social Work and Department of Psychology and the Schools of Nursing and Education at the University of South Carolina.

**Recruitment of culturally diverse trainees/participants:** No additional efforts to recruit culturally diverse participants are envisioned at this tine.

**Degree or formal certificate of participation:** Students receive the formal degree of their specific graduate program at the University of South Carolina.

**Current challenges facing the program:**

a. Enlisting program participation from additional university departments, particularly the Schools of Education and Nursing;
b. Integrating the course planning and field placement experience to expand the multidisciplinary training for graduate students; and
c. Gaining support by multidisciplinary faculty to serve as course instructors in the program.

**Strategies to increase collaboration:**

a. Supplementing the advisory group with consultants from various social service disciplines; and
b. Networking with community professionals and existing programs which concentrate on children's mental health services.

**Major strengths of the program:**

a. The program gives students training in multidisciplinary collaboration; and
b. The institute is able to facilitate interdisciplinary learning among departments and schools within the university.

### 46. Interdisciplinary Training for Health Care for Rural Areas, East Tennessee State University, Johnson City, Tennessee.

**Type and location of program:** An interdepartmental and interinstitutional university training program located in the College of Nursing at East Tennessee State University in Johnson City, Tennessee.

**Focus:** To provide multidisciplinary training to undergraduate and graduate level students preparing to become professional rural health care providers.

**Professions/disciplines of instructors:** Nursing, medical anthropology, speech pathology, business management, counseling.

**Professions/disciplines of trainees:** Nursing, social work, counseling, business administration, speech pathology, medical anthropology.

**Start date:** June 1992.

**Funded by:** United States Department of Health and Human Services 100%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Participation in research, class attendance, advisory group participation, and consultation by consumers, family members and students;
b. Faculty participation and consultation by community professionals;
c. Course evaluations by students and faculty; and
d. Evaluation of field placements by field instructors, students and faculty.

**Challenges in developing the program:**

a. Getting students to engage in field placements requiring them to live in rural areas; addressed through location specific stipends; and
b. Establishing which disciplines to include in training program; emphasis has been placed on multidisciplinary team building.

**Participation of family members and/or consumers as instructors:** Family members and consumers participate on the program advisory board, serve on committees and take part in research projects.

**Interdisciplinary approach:** Course planning, content, faculty and student populations are transdisciplinary.

**Names of courses and workshops:**

- Rural Health Issues
- Preceptor Workshop
- Interdisciplinary group process
- Interagency collaboration
- Shared decision making.

**Topics integrated throughout the curricula:**

- Interprofessional communication.

**Topics integrated in one or more class session:**

- Interprofessional communication
- Interdisciplinary group process
- Interagency collaboration
- Consumer-professional collaboration
- Conflict management
- Cultural competence.

**Internships/field placements:** Discipline-specific rural field placements in eight or sixteen week increments are offered in the training program. Recurrent student and faculty interdisciplinary discussion and supervision are provided throughout each field placement experience.

**Number of trainees/participants:** Six undergraduate students, 15 graduate students, and one continuing education student participate in the training program annually.

**Recruitment of trainees/participants:** Participants are recruited by university faculty networking efforts, community outreach, flyers and advertisements in health publications.

**Recruitment of culturally diverse trainees/participants:** No additional efforts are made to recruit culturally diverse participants at this tine.

**Degree or formal certification of participation:** No formal certification is awarded to students completing the training program; participants receive the formal degree of their discipline.

**Current challenges facing the program:**

a. Maintaining interest when the federal grant money expires; recently approval has been gained for the program to continue;
b. Providing precepted field placement experiences in interdisciplinary environments; addressed by preceptor luncheons, planning a preceptor workshop, and team building among faculty;

c. Long physical distance from placement sites to academic site; and
d. Reductions in faculty salaries despite the increase of program responsibilities.

**Strategies to increase collaboration:**

a. Decision making at team meetings; and
b. Increased telephone communication to individual team members.

**Major strengths of the program:**

a. Appropriate multidisciplinary services to rural health care consumers have been expanded;
b. The training program allows for valuable research projects to collect and disseminate data concerning current rural health care practices;
c. The Rural Health Issues multidisciplinary course has been created; and
d. Participants in the training program are well educated in multidisciplinary rural health care collaboration.

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**47. Baylor Scholars of Practice, Baylor University, Waco, Texas.**

**Type and location of program:** An interinstitutional and interdepartmental university training program located in the School of Education at Baylor University. Collaborative alliances include several departments at Baylor University, the Waco Independent School District, the McLennan County Youth Collaboration and local mental health practitioners.

**Focus:** To provide interprofessional experience and skills in collaboration to graduate students, school district employees and public administrators.

**Professions/disciplines of instructors:** Social work, psychology, counseling, nursing, family practice and educational administration.

**Professions/disciplines of trainees:** Education, educational administration.

**Start date:** September 1993.

**Funded by:** Baylor University base budget 50%; Baylor University School of Education Endowment 50%.

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Verbal and written descriptions of program components by community professionals and faculty; and
b. Program planning membership by the McLennan County Youth Collaboration, the Family Residency Center and the Superintendent of Public Schools.

**Challenges in developing the program:**

a. Completing the application process for course approval within the university system; course approval was gained, but the project proposal was not granted; and
b. Gaining complete financial commitment from Baylor University; achieved with perseverance.

**Participation of family members and/or consumers as instructors:** None.

**Interdisciplinary approach:** Specialized course work is interdisciplinary in planning and in faculty and student representation.

**Names of seminars, courses, or workshops:**

Seminar on Interdisciplinary Practice
Workshop on Interdisciplinary Collaboration
Interprofessional Education and Practice: Toward a New Human Service Profession for the 21st Century.

**Topics Integrated Throughout the Curriculum:**

Interprofessional communication
Cultural competence
Teaming
Ethics.

**Internships/field placements:** Students must complete two field experience activities while enrolled in EDA 6360 Interprofessional Practice.

**Number of trainees/participants:** 12 graduate students, 12 doctoral students and 30 continuing education students, for a total of 54 student participants.

**Recruitment of trainees/participants:** The school district partnership recommends employees to the interdisciplinary program. Students are also recruited from Baylor University Schools of Education, Psychology, Social work, Religion, Counseling, the Family Residency Training program and the McLennan County Youth Collaboration's Schools and Communities Program, local public school districts and Hillcrest Baptist Medical Center.

**Recruitment of culturally diverse trainees/participants:** Faculty contacts with diverse communities, literature and program advertisements in diverse journals, and cultural recruitment efforts among school district employees.

**Degree or formal certificate of participation:** No degree is awarded to students involved in the program since the program consists of specific graduate level courses. Practitioners who participate in staff development activities receive letters of completion.

**Current challenges facing the program:** Stimulating interdisciplinary faculty interest for multidisciplinary course work; strategies to enhance participation consist of networking and constantly selling the program to faculty.

**Strategies to increase collaboration:** Formulation of an interprofessional planning team for a conference to be held in Fall 1995.

**Major strengths of the program:**

a. Students receive knowledge and field experience observations of how multi-professional teams work together on behalf of children and families; and
b. Children who typically fall through the cracks of the public school system are provided social support and gain knowledge of appropriate local resources.

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### 48. Early Childhood Programs/EEEMaster's Program, Center for Developmental Disabilities, University of Vermont, Burlington, Vermont.

**Type and location of program:** University graduate program developed with input from community agencies and Vermont Parent-to-Parent program. Based in Center for Developmental Disabilities.

**Focus**: Master's level interdisciplinary training in Early Education and Special Education; family-centered.

**Professions/disciplines of instructors**: Education, special education, social work, pediatrics, nursing, neonatal nursing, occupational therapy, speech-language pathology, communications.

**Professions/disciplines of trainees**: Early childhood education, special education, nursing, occupational therapy, physical therapy.

**Start date**: 1985.

**Funded by**: Federal funding.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Student participants are seen as consumers of the training program; they provide course evaluations and formal assessment of the program at the end;
b. Parents give feedback on student involvement via Vermont Parent-to-Parent program; they also meet with supervisors and evaluate student and university program;
c. Advisory council of community professionals review course syllabi;
d. Field sites give feedback;
e. Parent-to-Parent program gives informal feedback; and
f. Government officials review grants and reapplications.

**Challenges in developing the program**:

a. No Early Childhood Education for Special Education tenure track faculty positions are supported by the federal grant; addressed by a request to the university for a permanent position; outcome is one permanent position;
b. Rural state requires labor intensive program with program staff commuting at least an hour to field sites; addressed by clustering students and maintaining frequent telephone contact.

**Participation of family members and/or consumers as instructors**: Yes. Family members co-teach practicum seminars, develop syllabi, provide and supervise a practicum experience. A network of parents conduct lectures. They are paid like other members of the training team.

**Interdisciplinary approach**: Training has interdisciplinary participants, presenters and content; interprofessional/interdisciplinary content is integrated throughout the curriculum; some joint teaching.

**Names of seminars, workshops or courses**:

Assessment of Young Children
Curriculum and Technology
Characteristics of Individuals with Multiple Disabilities
Practicum Seminar
Interdisciplinary Teams
Cultural Competence.

**Topics integrated throughout the training curriculum and in field practice**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration

Parent-professional collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence
Consultation.

**Internships/field placements**: Yes, specifically focused on interprofessional collaboration.

**Number of trainees/participants**: 27 Masters level students; all receive tuition.

**Recruitment of trainees/participants**: Advertisements; alumni bring in new students.

**Recruitment of culturally diverse trainees/participants**: Advertise within the university; minimal success.

**Degree or formal certificate of participation**: Masters in Special Education with an emphasis in Early Childhood.

**Current challenges facing the program**:

a. Changing licensing procedures; addressed by preparing a document for the Department of Education and sharing the program's accomplishments with the Dean and still in process;
b. Rural state leads to fragmentation with students in field placements around the state; resolved by strengthening partnerships, providing workshops in the field and placing students together; and
c. Limited human resources result in all staff working overtime; not resolved yet.

**Strategies to increase collaboration**: Created university-community partnerships to increase understanding of the university system and break down barriers; this strategy has been very successful.

**Major strengths of the program**:

a. Professionals work together in a common language to promote competence;
b. Disciplines share expertise; and
c. Students gain comprehensive view of children.

## 49. Child and Family Mental Health Program, Virginia Commonwealth University, Richmond, Virginia.

**Type and location of program:** An interdepartmental and interinstitutional university program located in the School of Nursing at Virginia Commonwealth University in Richmond, Virginia.

**Focus:** To serve children and families with psychiatric needs in the public sector. Addressing the need for family-centered psychiatric services in Virginia, this program was the joint creation of the Deans of Nursing at Virginia Commonwealth University, the University of Virginia and Hampton University.

**Professions/disciplines of instructors:** Nursing is primary; psychiatry, pediatrics, medicine, education and social work act as guest lecturers.

**Professions/disciplines of trainees:** Nursing, psychiatric nursing, social work.

**Start date:** September 1991.

**Funded by:** University base budgets 100%(in the first two years the program had support from an NIMH training grant).

**Input by community members into planning, design, implementation and/or evaluation of the training program:**

a. Verbal and written feedback and course evaluation by students; and
b. Curriculum development, course instruction and evaluation of student performance by community professionals.

**Challenges in developing the program:**

a. Lack of local qualified faculty to teach courses; resolved by national employment search;
b. Managing financial assistance to students from multiple universities;
c. Budgeting program costs from various sources; resolved with the creation of a fiscal subcommittee (related to now completed NIMH grant; and
d. Coordinating schedules with multiple time barriers; addressed by alterations in course schedules and constant attentiveness to time limitations.

**Participation of family members and/or consumers as instructors:** None.

**Interdisciplinary approach:** Community based mental health field placements and the specialized child psychiatric nursing curriculum are interdisciplinary in planning, faculty, field instructors, and student representation.

**Names of seminars, courses, or workshops:**
Not available.

**Topics Integrated Throughout the Curriculum:**
Parent professional collaboration
Consumer professional collaboration
Interprofessional communication
Cultural competence
Interdisciplinary group process
Shared decision-making.

**Internships/field placements:** Approximately 14 master's level field placements are provided by the program each year in mental health agencies and community organizations.

**Number of trainees/participants:** The number of participants varies each year, but usually there are approximately 14 masters level students.

**Recruitment of trainees/participants:** Flyers and brochures are distributed throughout several regional hospitals. In addition, verbal networking and "word of mouth" are popular methods of student recruitment.

**Recruitment of culturally diverse trainees/participants:** Advertisements in periodicals such as the Black Nursing Association Journal and notices to diverse churches and organizations are disbursed to solicit ethnically diverse participants to enter the training program. The number of culturally diverse students has decreased with the termination of the NIMH training grant.

**Degree or formal certificate of participation:** Students receive the degree of their discipline, although their transcripts cite course work in child psychiatric nursing.

**Current challenges facing the program:**

a. To create alliances with additional professions who maintain a shared value in collaborative education; addressed by networking and sharing of written information;
b. Student recruitment;
c. Territorial behavior of professionals to patients; addressed by increased multidisciplinary communication; and
d. The graduate curriculum is being revised and this is affecting the program.

**Strategies to increase collaboration:** N. A.

**Major strengths of the program:**

a. The focused nature of the training program allows students to examine numerous aspects of child psychiatric nursing in depth;
b. Program field placements support local mental health service delivery systems in Virginia and provide relevant experience for students; and
c. Children's mental health collaborations have been created and strengthened in various communities.

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### 50. C-STARS, The Center for the Study and Teaching of At Risk Students, University of Washington and Washington State University, Washington.

**Type of program**: Collaborative program developed by Colleges of Education at Washington State University and the University of Washington in association with education, health and social service organizations. Located on the campuses of the University of Washington and Washington State University.

**Focus**: Training and technical assistance to work in school-based programs with an emphasis on a collaborative partnership to prevent youth from dropping out of school.

**Professions/disciplines of instructors**: Education, special education, counseling, social work, psychology, psychiatry, nursing, substance abuse counseling, cultural competence trainers.

**Professions/disciplines of trainees**: Education, special education, social work, psychology, sociology, school administration.

**Start date**: 1986; seed money provided through August 1994.

**Funded by**: Federal funds 80-90%; balance is made up of state and local funds and private foundation grants.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Consumers and family members were not involved initially; subsequently a survey of their perceptions of the program was conducted and there has been informal input through continuing discussions;
b. There has been major input from the schools and community organizations;
c. Community professionals who work in the schools have participated in the development of the program; and

d. Information was solicited from legislators about the legislative process and ways to help legislators understand the program; program staff have testified and are planning to propose legislation to develop their model in schools throughout the state.

**Challenges in developing the program**:

a. Initially state-level agency heads were skeptical because of turf issues and time constraints; addressed by regular meetings about collaborative services with the outcome of firm support at the state level;
b. At the middle management level there are long-lasting challenges related to vested interests in keeping the system the same; addressed by communication and gradual change through attrition of staff, but still a major challenge; and
c. Funding is a continuing challenge; a major goal is to make the program permanent, by providing information to legislators, community leaders, and schools and families that encourages support for legislation for integrated/collaborative services.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Specialized classes and seminars, team teaching, conferences, institutes.

**Names of courses**:

Administration of At Risk Learner Programs
Classroom Strategies for the At Risk Learner
School/ Family/ Community Collaboration
Early Childhood Risk Issues.

**Names of workshops** (Taped and shown nationally on T.V. by Mind Extension University of Golden, Colorado):

Emerging Roles for Teachers at School
Key Elements of Success in School and Community Interventions for At Risk Students
Teachers' Emerging Roles in Working with At Risk Students.

**Topics integrated throughout the training curriculum and in field practice experience**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Shared decision making
Conflict management
Cultural competence.

**Topics addressed in one or more class sessions**:

Parent-professional collaboration
Interprofessional collaboration.

**Internships/field placements**: Students work directly with community agencies and professionals with a focus on interagency/interprofessional issues for 3 hours per week.

**Number of trainees/participants**: Total 80 per year: eighteen Masters students; 2 Ph.D. students; 50 continuing education participants; 10 administrators from schools and agencies.

**Recruitment of trainees/participants**: Flyers, brochures, and university catalogues.

**Recruitment of culturally diverse trainees/participants**: A major focus of the program: 30% of program participants are from culturally diverse groups compared with 2% on the university campus.

**Degree or formal certificate of participation**: Certificate of participation in 8 hours specialization in working with at risk children, authorized by the Superintendent of Public Instruction.

**Current challenges facing the program**:

a. Lack of interest among university faculty because their advancement is based on research and scholarship and is not helped by participation in the program; the strategy is to bring pressure from agency heads and legislators and improve communication between schools and university administrators;
b. Money is always a problem and the present fiscal climate threatens the quality of the program; there is a need for better communication and advocacy efforts focused on the importance of the program; and
c. Staff are not trained to think collaboratively and to work together; possible strategies are to mandate collaboration, and to fund training institutes to train staff in collaboration efforts.

**Strategies to increase collaboration**: N.A.

**Major strengths of the program**:

a. The resources and services that families need for survival are brought together;
b. The program is in touch with the needs of families and provides direct services to enhance people's lives; and
c. At the grass-roots school level there is strong support.

## 51. Training for Interprofessional Collaboration (TIC), University of Washington, Seattle, Washington.

**Type and location of program**: Interdepartmental university program based in the Human Services Policy Center of the Graduate School of Public Affairs, including the Schools of Education, Social Work, Nursing, Public Health and Community Medicine.

**Focus**: Pre-service and inservice training model designed to teach collaborative competencies to students and practitioners in child welfare, mental health, juvenile justice, education and health.

**Professions/disciplines of instructors**: Social work, education, education administration, nursing.

**Professions/disciplines of trainees**: Social work, education, special education, nursing, public health, public affairs.

**Start date**: 1991, funded to 1995.

**Funded by**: Private foundation grants and in-kind contributions by Washington Department of Social and Health Services and the University of Washington.

**Input by community members into planning, design, implementation and/or evaluation of the training program**:

a. Community leaders and professionals participated in the Steering Committee to plan the design and identify the necessary attitudes, skills and requirements of good collaborators;
b. Government officials have helped to identify service and training needs for line workers, mid-line workers and program managers and to plan the program; and
c. Focus groups have been held for consumers and family members to gain information about their access to services and how they were treated; they are being added to the Advisory Board and Steering Committee.

**Challenges in developing the program**:

a. Sorting out the roles of participating schools; initially there was some discomfort, but time spent clarifying and explaining has led to successful collaboration;
b. Funding was a challenge; addressed by the five core interdepartmental faculty meeting every other week to develop a fundable grant proposal;
c. Possible difficulties with professional societies were averted by presentations at professional society meetings; and
d. Nurturing interpersonal relationships; addressed by hiring one person as project coordinator and arranging periodic retreats.

**Participation of family members and/or consumers as instructors**: No.

**Interdisciplinary approach**: Specialized classes and team teaching.

**Name of course and seminar**:

Interprofessional Collaboration

Collaboration Seminar (4 hours per quarter for students in field placements and their field instructors).

**Topics addressed in a class session and in field experience**:

Interprofessional communication
Interdisciplinary group process
Interagency collaboration
Consumer-professional collaboration
Shared decision making
Conflict management
Cultural competence.

**Internships/field placements**: Interdisciplinary field placement 4 hours per week in school.

**Number of trainees/participants**: 22 per year (one undergraduate, 19 masters, and 3 Ph.D. students); each receives $500 stipend.

**Recruitment of trainees/participants**: Recruited through the participating departments.

**Recruitment of culturally diverse trainees/participants**: No special efforts.

**Degree or formal certificate of participation**: Students get regular course credit; continuing education participants will receive CE credits.

**Current challenges facing the program**:

a. Recruitment is a challenge; the conference of deans discussed this with view to institutionalizing the process in each department;
b. Building partnerships with communities, staff at field sites, and families; successfully addressed by including them in decision making, listening to feedback and making changes where feasible;
c. Need to integrate cultural diversity in the project; to be discussed at an Advisory Committee meeting; and
d. Management of the project, knowing when to give up control and let others make decisions; there has been a tendency to avoid conflict.

**Strategies to increase collaboration**: The tendency to avoid difficult issues needs to be resolved.

**Major strengths of the program**:

a. Program planners see this as a new national model;
b. Students have reported positive impacts on them;
c. Positive relationships with the community have developed; and
d. Having the support of the provost and the deans of all participating schools is an advantage.

# IV. SUMMARY AND RECOMMENDATIONS

The findings of the survey provide an overview of 51 interdisciplinary/interprofessional collaborative training programs developed by universities and human service agencies around the country. The focus of the programs is on training to prepare professionals for collaboration with professionals from other disciplines and other agencies in providing family-centered services. The sample described in the survey includes a small number of family-centered interprofessional training programs nationwide. These particular programs address many important concerns and provide important learning opportunities for participants which ultimately benefit families and communities. Our total sample, however, represents on the average only one agency *or* university training program for each state and some states have none. The effort to enhance the quality of professional preparation for collaboration needs to be expanded and accelerated.

In terms of organization and development, the findings indicate that a high level of collaboration with other departments, agencies and institutions was prevalent among the training programs in the study. In total, approximately three-fourths of training programs surveyed were developed as joint efforts by departments, agencies and universities and/or institutions. Over three-fourths of the training programs had co-leaders from different disciplines.

Most frequently, the programs were distinct entities, rather than part of the ongoing work of the agency or institution. In universities, it appears that training for collaboration is treated as separate from or added on to the program of other participants. Most of the programs surveyed were small, with few, if any, full-time faculty. The findings suggest that interprofessional collaboration is treated as a special interest area for some training participants. The training content and methods are not usually integrated throughout the training of all participants in the general program. For example, some of the university interprofessional programs were small components of masters or doctoral programs. These findings suggest that interprofessional collaboration is seen as a special interest, rather than as an essential part of the training for all professionals to provide family-centered services.

Approximately three-fourths of the training programs surveyed had an interdisciplinary advisory group. This appears to be an important tool in developing and maintaining a collaborative focus. We found a low level of family member and consumer participation in advisory groups, with family members and/or consumers represented in only one-third of advisory groups. In general the roles of family members and consumers in the development and implementation of training programs were limited. We recommend family representation on all advisory groups and planning committees for interprofessional training programs to maintain the focus of work on family issues and family-centeredness, and to promote training focused on family participation. We also recommend that family members participate as instructors in collaborative training programs, because they are uniquely qualified to teach participants about family needs and strengths.

Responses to questions about the duration of the programs and their development indicate that most are relatively new. While interprofessional practice and training are not new ideas, training for collaboration is now receiving renewed attention. Most of the programs surveyed are very young, some are still in developmental stages and all are evolving. It is therefore difficult to draw conclusions about what works well in program development and implementation.

In general, respondents highlighted the importance of one person or a few key people having vision and collaborative skills to get their programs started. Support from senior agency or university administrators was critical in gaining resources. Stable and adequate funding was an important concern in all programs, during both development and implementation. Where funding was short-term or precarious, it was seen as an ongoing challenge that diverted attention from managing and improving the existing program.

The professions represented among program leaders, advisory groups, instructors and participants varied widely according to the specific focus and location of the training program. Since the program developers and those responsible for implementation were presumably trained in traditional professional programs, we were interested in the prevalence of conflict. Responses indicated that conflict related to personality differences, different philosophies and/or competition was experienced in approximately one-fourth of training programs. Conflict was seen by some respondents as having a negative effect on the program, while others saw the conflict as having a positive effect by stimulating discussion and clarification.

We suggest that conflict be viewed as a likely aspect of the development of interprofessional training and that attention be given to developing skills in managing conflict. Management of conflict should in turn be part of the training curriculum for collaboration, along with skills in communication and collaboration (with family members and consumers, as well as other professionals), shared decision making and cultural competence. A number of well-developed programs included opportunities to develop and practice skills in these areas in experiential exercises in the classroom as well as in focused field placements or practice situations.

A wide range of challenges were mentioned by respondents and they should be anticipated and treated seriously by training program developers and instructors. Resource constraints were a serious challenge for most programs in the study. Collaboration is very time consuming and many hours of meetings and discussions were required to reach shared goals and to sort out roles. Political challenges, including power and turf issues, were serious barriers to collaboration that took time, communication, and cooperation to resolve.

Despite these challenges, the respondents judged their programs to have many strengths and identified benefits related to their focus on training professionals to provide family-centered services and to better serve communities. Developing collaborative skills with family members and other professionals was also identified as a program strength.

We recommend that training for interprofessional, family-professional collaboration in children's mental health be guided by two core principles: (1) children's mental health services are family-centered; and (2) services are designed to build on family strengths. Family-centered services require that professionals be trained to provide services which reflect CASSP principles since they are comprehensive, individualized and integrated. Since no one agency, organization or profession can address all aspects of family functioning, there must be a comprehensive array of services with staff having skills in collaboration. This means that each professional will have a clear understanding of the roles of other professionals in the system of care, clear expectations and the ability to communicate them, and willingness and skills to work collaboratively. These skills can be taught by a variety of methods, including joint training of professionals, interdisciplinary trainers, and experiential exercises and group discussions focused on complex case studies illustrating needs for interprofessional/interagency services. Effective training also requires opportunities to practice collaborative skills in the field.

Professional training to provide individualized services which build on family strengths involves families as participants and instructors, so that future professionals increase their understanding of families' unique needs and strengths. Didactic and experiential training activities designed to help students to view the system from the family's perspective will enable them to increase their understanding of the impact of a child with a serious emotional disorder on family life. This perspective should increase the degree to which services for children and families are responsive and appropriate.

## V. REFERENCES

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# APPENDIX

## APPENDIX: Contact Persons and Brief Summaries of Programs

1. Ray Spradling
   Rural Alabama Health Professional Training Consortium, West Alabama Health Services
   P.O. Box 711, Eutaw, AL 35462
   (205) 372-3281

Collaborative university training program for health professionals. Based at West Alabama Health Services, a rural community health center serving an area of six predominantly rural, poor and medically and dentally under-served counties. Focus is on interdisciplinary training for rural practice. Program objectives are to increase understanding of rural health issues and enhance the ability of trainees to interact with other health practitioners.

2. Nena Williams
   Division of Mental Health Services/Child & Adolescent Service System Program, Service Coordination Training
   4313 West Markham Street, Little Rock, AR 72205-4096
   (501) 686-9177

Collaborative program focused on service coordination training to increase the knowledge and skills of those working with children and adolescents with serious emotional disorders and their families. Developed by an interagency group that included parents. Offered at sites around the state.

3. Cheryle Rutherford-Kelly, Associate Director
   California Social Work Education Center, U.C. Berkeley
   3 Havilland Hall, Berkeley, CA 94720
   (510) 642-9272

Collaborative interinstitutional university program involving 11 graduate schools of social work education, 58 county welfare departments, mental health and affiliated organizations, and the National Association of Social Workers (NASW). Focus is on training graduate students to work effectively in California's public child welfare system.

4. Sid Gardner/ Karen Topol
   Center for Collaboration for Children
   School of Human Development and Community Service, California State University
   P.O. Box 34080, Fullerton, CA 92634-9480
   (714) 773-2166

California State University system-wide initiative which provides interdisciplinary training. The Center was developed by six university programs - education, human services, public administration, psychology, social work, and nursing - in collaboration with state and local social service agencies. Promotes collaborative, cross-agency efforts that use school-based and community-based models of serving the whole child in the family and community. Provides undergraduate, graduate and continuing education for collaboration.

5. Julie O'Donnell
   Child Welfare Training Center
   Department of Social Work, California State University
   Long Beach, CA 90840
   (310) 985-5041

Interdepartmental university training program located in the Department of Social Work at the California State University. Multidisciplinary training program for undergraduate and graduate students preparing to become social work professionals, educators and nurses working with the public school system.

6. Dr. Carol Kellett, Director
   The Urban Families Initiative, California State University
   1250 Bellflower Blvd., Long Beach, CA 90840
   (310) 985-8365

University-community partnership with training program based in Department of Home Economics. Combines university instruction, research and service to address critical community needs in specific geographic areas; coordinates programs and services via family and neighborhood needs assessment; specific focus is immigrant families.

7. Dr. Esther Sinclair
   UCLA/Head Start Consultation Team, UCLA
   NPI, 300 Medical Plaza, Los Angeles, CA 90024
   (310) 825-0075

Collaborative training program developed by the psychiatry, education, dentistry, nursing, occupational therapy, pediatrics, psychology, physical education, social work and special education programs. Located in Child Psychiatry Department. Provides interdisciplinary training for professionals to work with individuals with developmental disabilities.

8. Howard Blonsky
   Schools Partnership Training Institute
   3272 California Street, San Francisco, CA 94118
   (415) 563-0335 Fax: (415) 928-8250

Interdepartmental agency training program located in the Jewish Family and Children's Services Center in San Francisco, California. Provides multidisciplinary cross-cultural training to educators, and mental health and health practitioners working in schools. Developed to supply mental health services to children in the public school system with serious emotional disorders.

9. William C. Wilson, Ph.D., Chair
Department of Special Education, San Francisco State University
1600 Holloway Avenue, San Francisco, CA 94132
(415) 338-1161

University partnership program with other California State Universities, public service agencies, the California Department of Education and local schools. Developed to train integrated services specialists to work in schools. Goal is to prepare qualified collaborative services personnel to work in local school districts which are currently implementing school restructuring and service integration reform plans.

10. Paula Armbruster, M.A., M.S.W.
Yale Child Study Center Outpatient Clinic
230 South Frontage Road, New Haven, CT 06510
(203) 785-6252

Intradepartmental training program located in the Yale Child Study Center, a training, clinical and research center in the Yale University School of Medicine. Post-master's training for social workers, psychiatrists, child psychiatrists, psychologists and nurses emphasizes advanced clinical training in evaluation and treatment of children and adolescents with emotional disturbances and their families.

11. James G. (Gil) Hill
Interdisciplinary Team Training Curriculum for Mental Health Care in Rural Areas
American Psychological Association
750 First Street NE, Washington, DC 20002-4242
(202) 336-5847

Interdisciplinary training program developed in collaboration with American Nurses Association, Council on Social Work Education, and Departments of Psychology, Educational Psychology and Social Work, and College of Nursing at the University of Utah. Based at three rural sites - Jackson, Wyoming; Lame Deer, Montana; and Las Vegas, New Mexico. Focus is on the development of mental health training curriculum for nurses, psychologists and social workers to work together as interdisciplinary teams in rural areas.

12. Al Duchnowski, Ph.D./ Michael K. Johnson, Ph.D.
Multidisciplinary Clinical Training Program
Research & Training Center on Children's Mental Health, University of South Florida
13301 Bruce B. Downs Blvd., Tampa, FL 33612
(813) 934-4661

Interdepartmental university training program located in the Child and Family Studies Department of Florida Mental Health Institute and administered by the Research and Training Center for Children's Mental Health. Provides multidisciplinary training for graduate students to serve children with serious emotional disorders and their families. Designed to embody the spirit and philosophy of the Child and Adolescent Service System Program (CASSP).

13. Judy Pennington, Executive Director
Shirley Gray, Program Director
Youth Experiencing Success (YES)
Spring Street, Atlanta, GA
(404) 874-6996

Training program for volunteers and practicum students to work with youth and families. Developed in collaboration with Clark Atlanta University and Spellman University. The focus is on developing stronger communities.

14. Joe H. Raymond, Executive Director
The Georgia Academy for Children & Youth Professionals
260 Peachtree St., Suite 800, Atlanta, GA 30303
(404) 527-7394

Non-profit organization developed with public/private participation through a regional statewide committee with expert representatives of universities, and private and public agencies. Provides competency based interdisciplinary training for statewide agency staff in child welfare, education, residential child care and others who work with children and families.

15. Linda Powell
Idaho Rural Interdisciplinary Training Project
950 North Cole, P.O. Box 6756, Boise, ID 83707
(208) 322-4880, ext. 235

Interinstitutional training program involving eight universities and ten agencies in Idaho. Located at the Idaho Rural Health Education Center in Boise, Idaho. Provides professional training in a multidisciplinary environment for university students preparing for careers in health related fields. The program also provides culturally and ethnically diverse clinical experience and opportunities for the development of community collaborations.

16. Leonard A. Levy, DPM, MPH, Dean
College of Podiatric Medicine & Surgery
University of Osteopathic Medicine and Health Sciences, Des Moines, IA 50312
(515) 243-4857

Collaborative training program developed by the Colleges of Podiatric and Osteopathic Medicine and Surgery and Health Sciences with the Indian Health Service. Located in health care facilities on the Omaha and Winnebago Reservations on the border of Iowa and Nebraska. Residential internship program for interdisciplinary students. Began with focus on preventing limb amputations due to diabetes and over time has broadened to general preventive health care with emphasis on understanding Native American perspectives on health and treatment.

17. Marcia Allen/ Sarah Nash
National Resource Center on Family Based Services, University of Iowa
Room 112, North Hall, Iowa City, IA 52242
(319) 335-2200

Collaborative training program with national and state organizations including the National Maternal and Child Health Resource Center, the Child Welfare League of America, Iowa Community Action, and Children's Services Division in Oregon. Provides on-site family-based training to direct service workers, supervisors, administrators and para-professionals in all states and periodically on-campus. Goal is the development of high-quality family support, family development and family preservation services. Provides technical assistance, research and information on family based programs for human service agencies.

18. Michael E. Forgy
Benton County Mental Health
1701 2nd Avenue, Vinton, IA 52349
(319) 472-5226

Continuing education program developed within the community mental health center. Began as a mental health system training grant with input from mental health staff, consumers and Child and Adolescent Service System Program professionals. Provides training for professionals to offer crisis intervention and family-centered, community based services to families with "difficult" children. Focus is on communication skills.

19. Catherine M. Wade, Training Coordinator
Kentucky IMPACT, PMH
275 E. Main St., Frankfort, KY 40621
(502) 564-7610 Fax (502) 564-3844

Collaborative agency program which involves six state departments. The training program is located in the Department of Mental Health. Goal is to coordinate state service delivery systems to more effectively serve children with severe emotional disabilities. The program emphasis is on the creation of formal mental health collaborations throughout the state with professional multidisciplinary teams.

20. Paulette Emille
Training Interagency Teams to Serve Children with Emotional and Behavioral Disorders, Office of Mental Health
P.O. Box 4049, BIN 12, Baton Rouge, LA 70821
(504) 342-9964

Collaborative agency-based training program developed by the Offices of Mental Health, Youth Development, Community Services, Services to Developmental Disabilities, Education and Special Education. Located in the main Office of Mental Health and in county parishes. Developed to bring wraparound services to Louisiana. Areas of focus are cultural competency, crisis intervention and collaboration. The program was piloted in three parishes and now trainings are given in all parts of the state.

21. Ann Chaissone
Part H Education Training Programs, Bureau of Children with Special Needs/DMH&MR
Bath Children's Home, 103 South St., Bath, ME 04534
(207) 443-9575

An interinstitutional agency program located in the regional office of the Bureau of Children With Special Needs. Provides training for early intervention professionals in collaborative, family-centered service delivery to children with special needs and their families. The program was created to meet federal requirements specified in section H of the Individuals with Disabilities Act (1990) for mandated services for children with special needs from birth to two.

22. Herbert Joseph, Ph.D.
Center for Multicultural Training in Psychology, Boston City Hospital
818 Harrison Ave., Boston, MA 02118
(617) 536-4645 Fax: (617) 534-4646

Agency-university collaborative program. American Psychological Association-approved one year clinical internship in psychology. Based in the Division of Psychiatry, Boston Hospital. Focus is on training psychologists to better serve disenfranchised populations, particularly African-American, Latino, Asian-American and Native American populations.

23. Kathleen Fawler
Family Assessment Clinic, University of Michigan
1015 E. Huron, Ann Arbor, MI 48104-1689
(313) 763-3785

Interinstitutional/interdepartmental university training program located in the social work building on the University of Michigan campus. Collaborating departments include the Schools of Law, Social Work, Medicine and Education, and the Departments of Psychology and Psychiatry. Graduate level multidisciplinary training program specializing in child welfare, child maltreatment and children's mental health.

24. Joan Blough
Family Support Promotion Project
1738 Commonwealth, Kalamazoo, MI 49006
(616) 345-9002

Agency-based training program for families, line staff, administrators and board members of community mental health programs. Uses a team approach to provide training to promote the provision of family-centered support by community mental health programs. Major emphasis is on improving partnerships between parents, professionals and board members at community mental health agencies. Focus is on mental health and developmental disabilities.

25. Mario Scalora, Ph.D.
Center on Children, Families & the Law, University of Nebraska
121 South 13th Street, Lincoln, NE 68588
(402) 472-3479
Also: Diana Anderson
Child/Adolescent Program Manager, Department of Public Institutions
P.O. Box 94728, Lincoln, NE 68509-4728
(402) 471-2851

Interdisciplinary training program developed by Department of Psychology and College of Law with collaboration with College of Human Resources, Teachers' College, School of Social Work and several units of the University of Nebraska Medical Center. Objectives are to educate, conduct research, analyze policy and provide community service related to children, families and the law; to strengthen and empower families; and enhance the development and growth of children and youth. Provides consultation and training at international, national, state and local levels.

26. Ruth Bournazian
Family Preservation Institute, Continuing Education Program
School of Social Work, Rutgers University
Building 4087, Livingston, New Brunswick, NJ 08903
(908) 932-3178

Continuing education program for professionals working with families whose children are at risk of being removed from home by child protective services, juvenile justice or mental health services. Developed in collaboration with the state Division of Youth and Family Services and expanded to work with New York and Connecticut agencies. Offers workshops for practitioners at basic and advanced levels focused on home-based, short-term intensive work to strengthen families and prevent removal of children.

27. John Ronnau, Ph.D.
Department of Social Work, New Mexico State University
Dept. 3SW, Las Cruces, NM 88003-0001
(505) 646-2143

Administered by the Department of Social Work, the Institute serves as a national center for the dissemination of family preservation knowledge and skills at all levels of practice, supervision, program development and policy. Provides: specialized training in family preservation within the MSW program and at training sessions and conferences; technical assistance focused on family preservation and cultural competence in policy formulation, program development and practice skills; curriculum modules and monographs; and program evaluation and research.

28. Pamela Winton/ Camille Catlett
South Eastern Institute for Faculty Training
Frank Graham Porter Child Development Center, University of North Carolina
Campus Box 8180, Chapel Hill, NC 27599-8180
(919) 966-6635

Regional interdisciplinary training program which serves fifteen states. Located at the Frank Porter Graham Child Development Center. Institute staff develop, implement, evaluate and disseminate training models for college and university faculty members to support each state's early intervention personnel development efforts under the Part H program for infants and toddlers (Individuals with Disabilities Education Act of 1990). The program infuses resources, interdisciplinary faculty training opportunities, and innovative ideas and products into current structures.

29. John Y. Powell, Ph.D.
Family Preservation Project, School of Social Work
East Carolina University, Greenville, NC 27858
(919) 757-4379

University partnership between East Carolina University School of Social Work, Marriage and Family Therapy Training Program and community agencies. The goal of the pilot project (18 months) is to develop local family preservation services and curriculum models and provide training in family preservation for four graduate students and an extension program for local professionals. The service component will become part of regular services of mental health center after the pilot phase.

30. Patrice White
Home Remedies, BIABH Study Center
204 Avery Ave., Morganton, NC 28655
(704) 433-7176

Agency-based training program developed in collaboration with faculty from the University of North Carolina. Provides pre-service training, on-site consultation, telephone consultation, and clinical and program supervision for organizations and individuals interested in providing home-based and family preservation services.

31. Julie Entzminger
North Dakota Rural Interdisciplinary Training and Education Project
c/o Community Medicine, University of North Dakota
P.O. Box 9037, Grand Forks, ND 58202-9037
(701) 777-4470

University-based continuing education program based in the School of Medicine and developed collaboratively with the School of Social Work and College of Nursing. Utilizes an interactive educational telephone network to increase retention and recruitment of health care professionals in rural areas. This technology permits participants at 46 rural sites in North

Dakota and a network in South Dakota to hear training presentations and engage in discussion with participants at all the sites.

32. Helen K. Cleminshaw, Ph.D., Director
    Center for Family Studies, University of Akron
    215 Schrank Hall, Akron, OH 44325-6103
    (216) 972-7879

Collaborative interdepartmental/interinstitutional university program located in the Center for Family Studies at the University of Akron. Provides training for multidisciplinary home-based services to children with disabilities. The program was created by an alliance between the University of Akron and the Ohio Department of Mental Health in response to federal legislation requiring the least restrictive placements for children with disabilities.

33. Beth Dague
    Stark County Children's Cluster
    800 Market Ave. N., Canton, OH 44702
    (216) 455-6644

Agency-based training program developed in collaboration with the University of Akron. Provides field based education for practicing professionals in public child serving agencies to provide integrated systems of care.

34. Dr. Mary Lynn Cantrell
    Positive Education Program
    1827 East 101 Street, Cleveland, OH 44106
    (216) 231-0400 Fax: (216) 231-0845

A collaborative interinstitutional agency training program, the Positive Education Program is a contract agency of the Cuyahoga County Mental Health Board which serves the 31 school districts in the Cleveland metropolitan area. Offers training for state and local mental health practitioners, public school employees, graduate students and Positive Education Program staff to better serve children with severe emotional disorders. Promotes systematic interdisciplinary service provision in an agency that provides early intervention, day treatment, group homes, job support and case management in the community.

35. Michael Casto, Ph.D.
    The Interprofessional Commission of Ohio, Ohio State University
    1501 Neil Ave., Suite 104, Columbus, OH 43201-2602
    (614) 292-5621 Fax: (614) 292-5621
    E-mail: rmcasto@magnus.acs.ohio-state.edu

The Commission is a separate administrative unit within the Ohio State University, with faculty members drawn from education, law, medicine, nursing, allied health, psychology, social work and the Theological Consortium of Greater Columbus. Provides collaborative education at the preservice, graduate and continuing education levels. Focus is on training professionals to collaborate across disciplinary lines to be responsive to the needs of persons in a complex society.

36. W. Rodney Hammond, Ph.D.
Clinical Psychology Training for Service to Children and Adolescents with Serious Emotional Disorders
School of Professional Psychology
117 Health Science, Dayton, OH 45435
(513) 873-3492

Collaborative training program for doctoral psychology students based in the School of Professional Psychology. Collaborators include University of Dayton Special Education Department and local service providers. Training emphasizes an interdisciplinary approach both in academic course work and clinical experiences to prepare students to provide coordinated services to children with serious emotional disorders.

37. Laura L. Francis
Home Based Services
1200 N.E. 13th., Oklahoma City, OK 73152
(405) 271-8755

Continuing education program for workers and practicum students providing home-based services to families. Developed in collaboration with Departments of Human Services and Health and based in Division of Mental Health. Training is focused on providing home-based services. Currently developing a certification in home-based services program which will be implemented next year.

38. Jay Bloom
Morrison Center
3355 S.E. Powell Blvd., Portland OR 97202
(503) 232-0191

Interdepartmental university training program located in the Child and Family Mental Health Program administered by the Morrison Center. Offers graduate level multidisciplinary training for students preparing to become professional psychologists and child and family therapists. Developed to meet the need for competent, well trained psychologists, social workers, and psychiatrists in mental health systems serving children and families.

39. Kenneth Ehrhart
Cross Systems Training, Department of Public Welfare
332 H & W Bldg., Box 2675, Harrisburg, PA 17105-2675

Collaborative agency training program comprised of eight state social service departments located in the Children's Cabinet, a Pennsylvania state institute which contains various departments serving children. The focus is on creating family-centered, community based collaborative service delivery systems from existing state departments. Training is based on the Pennsylvania system reform agenda, with emphasis is on including families in service delivery.

40. Sandra Rakar

**Student Assistance Program**
**333 Market Street, 5th Floor, Harrisburg, PA 17126**
**(717) 783-6777**

Collaborative interinstitutional agency program located in the State of Pennsylvania Basic Education Building in Harrisburg, Pennsylvania. Provides statewide assistance in the public school system to children whose families have been identified as needing drug and alcohol treatment.

41. Curtis Leonard, Ph.D.

**Multicultural Training Center, School of Social Administration**
**Temple University, Philadelphia, PA 19122**
**(215) 204-8623**

Interinstitutional/interdepartmental training program involving the Philadelphia Health Department, the Pennsylvania Department of Health and the School of Social Administration at Temple University. Provides training on culturally sensitive practices to continuing education and graduate level medical and mental health professionals. Focus is on the creation of culturally competent organizations which collaborate with the Philadelphia Health Department.

42. Marion Lindblad-Goldberg, Ph.D.

**Family-Based Mental Health Services, Philadelphia Child Guidance Clinic**
**Two Children's Center, 34th Street, Philadelphia, PA 19104**
**(215) 243-2662**

Training program in family-centered practice at the Philadelphia Child Guidance Clinic which is in the Division of Child and Adolescent Psychiatry for the University of Pennsylvania School of Medicine. Also offers a specific training initiative in Family-Based Mental Health Service. Focus is on training to better prepare professionals and paraprofessionals to serve ethnically and culturally diverse families.

43. Donna McNellis, Ph.D.

**Eastern Pennsylvania Psychiatric Institute, Medical College of Pennsylvania**
**3200 Henry Ave., Philadelphia, PA 19129**
**(215) 842-4344**

Interdepartmental training program for professionals in mental health. Developed with state Office of Mental Health and community agencies. Located in Medical School but provides training for agency staff in all parts of the state. Goals are to improve training of professionals in public systems to serve adults with mental illness and children with serious emotional disorders; to translate findings from new research into better services; and to provide training related to cultural diversity and family participation.

44. Diane Holder
FBMHS, Western Psychiatric Institute & Clinic
3811 O'Hara Street, Pittsburgh, PA 15213
(412) 626-2100

An interdepartmental/interinstitutional collaborative university-agency program, the Staff Development Program is located in the Department of Psychiatry at the University of Pittsburgh. Offers training to hospital personnel and community mental health professionals in effective mental health service delivery. Emphasis is placed on assisting families and professionals to work together to meet the psychiatric needs of individuals most effectively.

45. Robert Heckel
Clinical Community Psychology, University of South Carolina,
Columbia, SC 29208
(803) 777-2558

Interdepartmental training program involving the Department of Psychology and the School of Social Work at the University of South Carolina. Still in the planning stages, this program's intent is to train graduate students in psychology and social work to collaborate effectively with the various professional disciplines involved in children's mental health.

46. Dr. Rosalee J. Seymour
College of Nursing, East Tennessee State University
P.O. Box 70, 658 Johnson City, TN 37641-0658
(615) 929-4379

Interdepartmental/interinstitutional university training program located in the College of Nursing at East Tennessee State University in Johnson City, Tennessee. The focus is on providing multidisciplinary training to undergraduate and graduate level students preparing to become professional rural health care providers.

47. Dr. James L. Williamson
Baylor Scholars of Practice, Baylor University
School of Education, P.O. Box 97312, Waco, TX 76790
(817) 755-3111

Interinstitutional/interdepartmental university training program located in the School of Education at Waco University. Collaborative alliances include several departments at Baylor University, the Waco Independent School District, the McLennan County Youth Collaboration and local mental health practitioners. Provides training in interprofessional collaboration for graduate students, school district employees and public administrators.

48. Angela Capone
Early Childhood Programs/ EEE Masters Program
Center for Developmental Disabilities, University of Vermont
499C Waterman Building, Burlington, VT 05405
(802) 656-1147

University graduate program developed with input from community agencies and Vermont Parent-to-Parent program. Based in Center for Developmental Disabilities. Offers Master's level family-centered interdisciplinary training in early education and special education.

49. Suzanne Goren, Ph.D., R.N., Director
Child/Family Mental Health Program, Virginia Commonwealth University
515 N. 10th Street, MCV Station, Box 980489, Richmond, VA 23219
(804) 828-3115 Fax: (804) 225-3504

An interdepartmental and interinstitutional university program located in the School of Nursing at Virginia Commonwealth University in Richmond, Virginia. Focus is on serving children and families with psychiatric needs in the public sector.

50. Dr. Merrill Oaks
C-STARS, Center for the Study and Teaching of At Risk Students
College of Education, Washington State University (& University of Washington)
Pullman, WA 99164-2122
(509) 335-0184

Collaborative program developed by Colleges of Education at Washington State University and the University of Washington in association with education, health and social service organizations. Located on the campuses of the University of Washington and Washington State University. Offers training and technical assistance focused on collaborative school-based programs to prevent youth from dropping out of school.

51. Richard Brandon, Ph.D.
Training in Interprofessional Collaboration (TIC), Institute for Public Policy & Management
Graduate School of Public Affairs, University of Washington
324 Parrington Hall, DC-14, Seattle, WA 98185
(206) 543-0190
(206) 685-7610 or (206) 685-7612

Interdepartmental university program based in the Human Services Policy Center of the Graduate School of Public Affairs, including the Schools of Education, Social Work, Nursing, Public Health and Community Medicine. Provides pre-service and inservice training designed to teach collaborative competencies to students and practitioners in child welfare, mental health, juvenile justice, education and health.